Parkland

Board of Managers

Agenda for the ***Board of Managers*** meeting of the Dallas County Hospital District is scheduled for ***Wednesday, June 29, 2022 at 1:00 PM*** at 5200 Harry Hines Blvd (WISH Building) Dallas, TX 75235, Conference Room 02-175. (If assistance is needed in locating the room, please see the Administration receptionist on the 4th floor, 04-131.) A quorum will be physically present at the location of the meeting. Videoconferencing access is also possible via Webex. That application is available at https://www.webex.com/downloads.html. Teleconferencing access is possible by calling +1-415-655-0001. Both virtual access forms require inputting (meeting number: 2624 716 7460; meeting password: 1234) to join the meeting. The ***Board of Managers*** reserves the right to exercise discretion and may convene in Executive Session as permitted by Texas Government Code §§551.071 (consultation with attorney), 551.072 (deliberations regarding real estate), 551.074 (personnel matters), 551.076 (deliberations regarding security devices or security audits), 551.078 and/or 551.0785 (deliberations by medical committee or by governmental body that administers a public insurance, health or retirement plan regarding individuals' medical or psychiatric records), 551.085 (deliberation by governing board of certain providers of health care services), 551.087 (deliberation regarding economic development negotiations), 551.088 (deliberation regarding test item); Texas Government Code §418.183 (deliberation of information under §§418.175 – 418.182 for purposes of disaster management or disaster planning); Texas Health & Safety Code §161.032 (medical committee or medical peer review committee records, information or reports; and/or medical committee or medical peer review committee proceedings under Tex. Health & Safety Code Chapter 161 and/or Tex. Occ. Code Chapters 151 and 160); and/or as otherwise authorized by law on any item listed below. The ***Board of Managers*** may consider any of the agenda items in open or executive session and may continue the meeting as necessary to accomplish the business at the time and place designated by the Chair to reconvene.

		PAGE	TIME (MIN)	PRESENTER(S)
I.	**Opening/Call to Order/Declare a Quorum Present/Mission Statement/Opening Remarks** ***Advance Wellness | Relieve Suffering | Develop and Educate*** **I CARE** **I**ntegrity **C**ompassion and Collaboration **A**ccountability **R**espect **E**quity			Chair
	A. Invocation by Eric Markinson, MDiv, MS		5	Eric Markinson, MDiv, MS Staff Chaplain, Parkland
	B. Public Comments Regarding Non-Agenda Items *See public comment registration information and rules at* *https://www.parklandhospital.com/board-of-managers*			
	C. Public Comments Regarding Agenda Items *See public comment registration information and rules at* *https://www.parklandhospital.com/board-of-managers*			
II.	**Consent Agenda**			
	A. Minutes 2022-05-03 Talent Development and Executive Compensation Committee	*5*		Chair
	B. Minutes 2022-05-04 Governance, Compliance and Ethics Committee	*10*		
	C. Minutes 2022-05-06 Board Retreat	*14*		
	D. Minutes 2022-05-18 Facilities Committee	*17*		
	E. Minutes 2022-05-24 Budget & Finance Committee	*21*		
	F. Minutes 2022-05-25 Quality of Care & Patient Safety Committee	*28*		
	G. Minutes 2022-05-25 Board of Managers	*33*		
	H. Approve SYS.COMP.006 - Non-Retaliation	*39*		
	I. Approve SYS.COMP.008 - Reporting Obligations	*53*		

		PAGE	TIME (MIN)	PRESENTER(S)
J.	Approve SYS.COMP.009 - Vendor Gifts, Gratuities and Business Courtesies	*77*		
K.	Approve SYS.PI.001 Quality Assessment & Performance Improvement Plan	*126*		
L.	Approve Patient Settlements	*170*		
M.	Approve Medical Executive Committee Resolution for Appointments/Reappointments, Privileges and Staff Status Changes of the Medical Staff and Non-Physician Clinical Providers	*171*		
III.	**Reports Requiring Deliberation(s) or Approval(s)**			
A.	CEO Update on System Operations *(separate attachment)*	*173*	10	Fred Cerise, MD
B.	Review Parkland Health FY23 Budget (1st Pass)	*174*	15	Rick Humphrey
C.	Questions & Discussion Related to FY23 Budget	*194*	10	Chair
D.	Talent Development and Executive Compensation (TDEC) Committee Update	*195*	10	Felicia Miller
E.	Questions & Discussion Related to Talent Development and Executive Compensation (TDEC) Committee Update	*197*	10	Chair
IV.	**Executive Session** Tex. Health & Safety Code §§161.032 & 161.0315 and Tex. Occup. Code §160.007			
A.	Quality of Care & Patient Safety Committee Update	*198*	10	Mike Lane, MD
B.	Questions & Discussion Related to Quality of Care & Patient Safety Committee Update	*200*	10	Chair
V.	**Reports Requiring Deliberation(s) or Approval(s)**			
A.	Approve Board Bylaws	*201*	25	Chair
VI.	**Executive Session** Tex. Gov't Code §§551.074, 551.076			
A.	Presentation Regarding Campus Security	*220*	15	Edmundo Castañeda, Chief Marlin Suell
B.	Questions & Discussion Regarding Campus Security	*233*	15	Chair
C.	Personnel Matters Pertaining to Duties and Responsibilities of Chief Executive Officer	*234*	10	Chair
D.	Personnel Matters Pertaining to Duties and Responsibilities of Board Members	*235*	15	Chair
E.	Personnel Matters Pertaining to Duties and Responsibilities of Chief Executive Officer (continued)	*236*	10	Chair
VII.	**Executive Session Reference Documents** Tex. Gov't Code §§551.071 Tex. Occup. Code §160.007 Tex. Health & Safety Code §§161.0315 & 161.032			
A.	Medical Executive Committee Credentialing Report	*237*		
B.	Medical Executive Committee Delineation of Privileges Urology	*309*		
C.	Medical Executive Committee Delineation of Privileges Psychiatry	*318*		

		PAGE	TIME (MIN)	PRESENTER(S)
D.	Medical Executive Committee Delineation of Privileges Ambulatory Medicine	*321*		
E.	Medical Executive Committee Delineation of Privileges Neurosurgery	*324*		
F.	Patient Settlements	*333*		
VIII.	**Action Items**			
A.	Board May Take Action on Any Agenda Item(s) Above			Chair
IX.	**Adjourn**			Chair
A.	Closing Remarks			
B.	Call to Adjourn			

Parkland

Invocation

Parkland

Minutes 2022-05-03 Talent Development and Executive Compensation Committee

Parkland

MINUTES

Dallas County Hospital District Board of Managers

Minutes of the Talent Development and Executive Compensation Committee meeting of the Board of Managers of the Dallas County Hospital District, held Tuesday, May 3, 2022, scheduled for 10:00 am in the WISH Building Executive Conference Room (02-175) at Parkland Health and via Webex. These minutes do not constitute a certified agenda from the meeting.

I. Attendance and Call to Order

Committee Chair Lisa Sutter noted that a quorum was physically present and called the meeting to order at 10:08 a.m. Committee members Farida Minner, RN; Elizabeth Palacios, MD; and John Proctor attended in-person. Elizabeth Palacios, MD, attended virtually.

Board Member attendees included: Robert Martinez, JD; and Marjorie Petty, JD.

Staff Present (via Webex and in-person) included:

Alysha Cartman, Admin. Director Talent Management
Anthony McClanahan, Director of Leadership & Professional Development
Blanca Garcia, Strategy & Integration Administrator
Carolyn Foster, Deputy General Counsel
Daniel Enright, Director Talent Management Analytics
DeLancey Johnson, SVP & Associate Chief Talent Officer
Donna Richardson, EVP & Chief Nursing Executive
Edmundo Castañeda, EVP & Chief Operating Officer
Felicia Miller, EVP & Chief Talent Officer (in-person)
Forrest Stovall, Governance Program Coordinator (in-person)
Fred Cerise, President & Chief Executive Officer (in-person)
Margaret Dutton, Strategy & Integration Analyst
Mary Andereck, Director Leadership Career Development & Implementation
Miranda Bond, Director Patient Relations
Misty Otto, Admin. Director OTM Strategic Operations
Pamela Bryant, SVP & Chief Supply Chain Officer
Samia Zia, Director Strategy & Integration
Saul Cordero, Chief Governance Officer (in-person)
Shauntee Mayfield, Interim VP & Chief Experience Officer
Stacy Dorsey, VP & Chief Workforce Officer/Talent Acquisition
Stephanie Speights, SVP Talent Mgmt Development & Chief Learning Officer
Steven Roth, EVP & General Counsel (in-person)
Sunny Suppa, Director Guest Services
Tawana McCullough, Administrative Director OTM
Theresa Wilson, Director of Workforce Development
Tisa Jordan, Director Talent Management Business Partners
Vic Summers, SVP Internal Audit
Wilton Hollins, Director Talent Management Business Partners
Yvonne Alsbury, Director Talent Management Business Partners

II. Mission Statement

Committee Chair began the meeting by stating the mission statement:
Advance Wellness | Relieve Suffering | Develop and Educate

III. Public Comments Regarding Agenda Items

No members of the public registered for comments regarding the agenda items.

IV. Reports Requiring Deliberation(s) or Approval(s)

A. Committee Approval of Board Talent Development & Executive Compensation Committee Charter

Saul Cordero presented the TDEC Charter for annual review and approval. The only changes proposed this year reflect the new "doing business as" Parkland Health.

John Proctor motioned for the approval of the Board Talent Development & Executive Compensation Committee Charter. Farida Minner, RN, seconded the motion. The motion passed unanimously.

B. Office of Talent Management Introduction

Felicia Miller introduced the Office of Talent Management and provided a summary of its ongoing efforts. She reported on the increase in social support services for employees, equitable pay for employees, and leadership & professional development support for employees. Felicia also shared engagement activities, the ICARE values rollout, and efforts towards becoming a High Reliability Organization.

The Committee members asked questions and received additional information related to the Office of Talent Management Introduction.

C. Employee Value Proposition

Felicia Miller introduced the Employee Value Proposition. She reported on efforts to improve the overall employee experience from recruitment to exit interviews, building a resilient workforce, and investments in the workforce. She reviewed the market review timeline in detail and hiring initiatives within CHNA zip codes. Next, Felicia reviewed the key drivers of turnover and engagement plan initiatives.

The Committee members asked questions and received additional information related to the Employee Value Proposition presentation.

D. Living Wage, Market, Equity and Pay Plan Update

Stacy Dorsey shared the Living Wage, Market, Equity, and Pay Plan Update. She reviewed key metrics for the Living Wage adjustments and reported on impacts to the current workforce.

The Committee members asked questions and received additional information related to the Living Wage, Market, Equity, and Pay Plan Update.

E. Talent Acquisition Update

First, Dan Enright reported on Talent Management metrics for the year. He compared the total new hires to previous years and with recent labor reports. Dan also reported the quarterly turnover rates and the correlation to the increase in new hires.

Next, Stacy Dorsey reviewed the Sourcing Strategy. She reviewed Parkland's community partnerships, diversity initiatives, and university partnerships. Stacy also shared employee retention incentives including increased referral bonuses and remote work for out of state employees.

The Committee members asked questions and received further information related to the Talent Acquisition Update.

F. Experience Update

Dr. Shauntee Mayfield provided an Experience Update. She highlighted the upcoming Celebrate Us! events, ICARE Friday activities, and pulse survey plans. Next, she reviewed Patient Experience initiatives and Press Ganey data.

The Committee members asked questions and received additional information related to the Experience Update.

G. Diversity, Equity & Inclusion Update

Next, Dr. Mayfield provided the Diversity, Equity & Inclusion Update. She reported on two new diversity councils formed to improve diversity efforts and highlighted recent Employee Resource Group (ERG) initiatives to engage employees.

The Committee members asked questions and received additional information related to the Diversity, Equity & Inclusion Update.

H. Metrics Review

Dan Enright reviewed the key Talent Management metrics. He noted the variances of each metric to those of DFW Hospital Council and the national benchmarks. Dan noted more employees are reporting "higher workload" as a reason for leaving. Next, Dan reported on COVID furloughs and employee positive test results.

The Committee members asked questions and received additional information related to the Metrics Review.

V. Adjourn

With no further business to discuss, Committee Chair Lisa Sutter adjourned the meeting at 11:20 a.m.

SO RECORDED:

Lisa Sutter Committee Chair	Steve Roth, JD, MPH Assistant Secretary

Parkland

Minutes 2022-05-04 Governance, Compliance and Ethics Committee

Parkland

MINUTES

Dallas County Hospital District Board of Managers

Minutes of the Governance, Compliance and Ethics Committee meeting of the Board of Managers of the Dallas County Hospital District, held Wednesday, May 4, 2022, scheduled for 10:30 a.m. in the WISH Building Executive Conference Room (02-175) at Parkland Health and via WebEx. These minutes do not constitute a certified agenda from the meeting.

I. Attendance and Call to Order

Committee Chair Robert Martinez, JD, noted that a quorum was physically present and called the meeting to order at 10:32 a.m. Committee member Ramon Miguez, PE, attended in-person. Board Chair Marjorie Petty, JD, attended in-person and was appointed to the Committee to establish quorum.

Committee members Lisa Sutter and Jeff Tillotson, JD, did not attend.

Other Attendees: Board members Todd Furniss, JD, and Farida Minner, RN, attended via Webex.

Staff Present (via Webex and in-person) included:

Carolyn Foster, Deputy General Counsel (in-person)
Donna Richardson, EVP & Chief Nursing Executive
Edmundo Castaneda, EVP & Chief Operating Officer
Erik Rahman, Privacy Manager
Felicia Miller, EVP & Chief Talent Officer
Forrest Stovall, Governance Program Coordinator (in-person)
Fred Cerise, President & Chief Executive Officer (in-person)
Jennifer Wimberly, Staff Physician-Chair, Institutional Ethics Committee (in-person)
Mary Lea-Holmes, VP Compliance Oversight (in-person)
Melanie Roberts, SVP/Chief Compliance & Ethics Officer (in-person)
Michael Lane, SVP/Chief Quality Safety Officer
Roberto de la Cruz, EVP & Chief Clinical Officer
Roshan Thayil, Director Compliance Investigations (in-person)
Saul Cordero, VP & Chief Governance Officer (in person)
Steve Roth, EVP & General Counsel (in-person)
Terry Reeves, Sr. Director Compliance Programs
Vic Summers, SVP/Internal Audit

II. Mission Statement

Committee Chair began the meeting by stating the mission statement:
Advance Wellness | Relieve Suffering | Develop and Educate

III. Public Comments Regarding Agenda Items

No members of the public registered for comments regarding the agenda items.

IV. Reports Requiring Deliberation(s) or Approval(s)

A. Approve Revised Compliance Department Policies

Melanie Roberts presented four revised Compliance Department policies for approval:

- SYS.COMP.005 - Compliance and Ethics Program
- SYS.COMP.006 - Non-Retaliation
- SYS.COMP.008 - Reporting Obligations
- SYS.COMP.009 - Vendor Gifts, Gratuities and Business Courtesies

She noted the proposed amendments to each policy.

Committee members asked questions and received further information related to the Revised Compliance Department Policies. The Committee advised changes to the definition of the term compliance in SYS.COMP.005.

Ramon Miguez, JD, motioned to conditionally approve the Revised Compliance Department Policies based on further clarification of the term compliance in SYS.COMP.005. Marjorie Petty, JD, seconded the motion. The motion passed unanimously.

V. Executive Session

At 10:58 a.m., the Committee went into executive session to discuss the items on the Executive Session agenda.

Members of management were excused from the discussion of topics as necessary.

A. Institutional Ethics Committee Report

B. Compliance and Ethics Reports

I. Compliance Programs
   a. Policies
   b. Culture & Communications
   c. Conflicts of Interest
   d. Training and Education
   e. FY22 Objectives
   f. Investigations Unit Dashboard

II. Auditing/Monitoring & Regulatory Updates
   a. Revenue Cycle Audits & Risk Assessment Activity
   b. Information Privacy Audits & Risk Assessment Activity
   c. Other Audit Activity
   d. Regulatory Updates

III. Attorney-Client Privileged & Confidential
Quarterly Report of Open Compliance Reviews

Members of management in executive session attendance included:

Carolyn Foster; Donna Richardson; Edmundo Castañeda; Erik Rahman; Felicia Miller; Forrest Stovall; Fred Cerise; Jennifer Wimberly; Mary Lea-Holmes; Melanie Roberts; Michael Lane; Roberto de la Cruz; Roshan Thayil; Saul Cordero; Steve Roth; Terry Reeves; and Vic Summers

Committee Chair Robert Martinez, JD, adjourned Executive Session and moved into Open Session at 12:35 p.m.

VI. Adjourn

With no further business to discuss, Committee Chair Robert Martinez, JD, adjourned the meeting at 12:35 p.m.

SO RECORDED:

Robert Martinez, JD Committee Chair	Steve Roth, JD, MPH Assistant Secretary

Parkland

Minutes 2022-05-06 Board Retreat

Parkland

MINUTES

Dallas County Hospital District Board of Managers

Board
May 6, 2022

Minutes of the Board of Managers meeting of the Dallas County Hospital District, held Friday, May 6, 2022, scheduled for 2:00 p.m. in the Moody Building MacGregor Day Auditorium at Parkland Health. These minutes do not constitute a certified agenda from the meeting.

I. Attendance and Call to Order

Chair Marjorie Petty, JD, noted that a quorum was physically present and called the meeting to order at 2:00 p.m.

Board Member attendees included: Chair Marjorie Petty, JD; Eric G. Bing, MD, PhD; Todd Furniss, JD; Robert Martinez, JD; Ramon Miguez, PE; Farida Minner, RN; Don O'Bannon, Esq; Elizabeth Palacios, MD; and Jeff Tillotson, JD (arrived at 4:15 p.m.).

Board Members John Proctor and Lisa Sutter were not present.

Staff Present included:

Donna Richardson, EVP & Chief Nursing Executive
Edmundo Castaneda, EVP & Chief Operating Officer
Forrest Stovall, Governance Program Coordinator
Fred Cerise, President & Chief Executive Officer
Michael Lane, SVP & Chief Quality & Safety Officer
Roberto de la Cruz, EVP & Chief Clinical Officer
Saul Cordero, VP & Chief Governance Officer
Steven Roth, EVP & General Counsel
Vic Summers, SVP Internal Audit

Other Attendees:
Jamie Orlikoff, Orlikoff & Associates Inc.

II. Mission Statement

The Chair began the meeting by stating the mission statement:
Advance Wellness | Relieve Suffering | Develop and Educate

III. Public Comments Regarding Agenda Items

No members of the public registered for comments regarding the agenda items.

IV. Executive Session

At 2:00 p.m., the Board went into Executive Session as permitted by the closed meeting exceptions specified on the agenda.

A. Discussion Regarding Roles and Responsibilities of the Board of Managers in the Governance and Strategic Direction of the System

Members of management in executive session attendance included:

Donna Richardson, Forrest Stovall, Fred Cerise, Edmundo Castaneda, Michael Lane, Roberto de la Cruz, Saul Cordero, Steve Roth, and Vic Summers

Chair moved into Open Session at 5:07 p.m. and recessed the meeting until 8:30 a.m. on Saturday, May 7th. Meeting returned from recess at 8:30 a.m. on Saturday, May 7th and entered Executive Session at 8:30 a.m.

Members of management in executive session attendance included:

Fred Cerise

Chair adjourned Executive Session and moved into Open Session at 3:00 p.m.

V. Adjourn

With no further business to discuss, Chair Marjorie Petty, JD, adjourned the meeting at 3:00 p.m.

SO RECORDED:

Marjorie D. Petty, JD	Steve Roth, JD, MPH
Chair	Assistant Secretary

Parkland

Minutes 2022-05-18 Facilities Committee

Parkland

MINUTES

Dallas County Hospital District Board of Managers

Facilities Committee
May 18, 2022

Minutes of the Facilities Committee Development meeting of the Board of Managers of the Dallas County Hospital District, held Wednesday, May 18, 2022 scheduled for 11:30 a.m. in the WISH Building Conference Room (02-175) at Parkland Health and via WebEx. These minutes do not constitute a certified agenda from the meeting.

I. Attendance and Call to Order

Committee Chair Don O'Bannon, Esq, noted that a quorum was physically present and called the meeting to order at 11:30 a.m. Committee members Todd Furniss, JD (left at 1:04 p.m.); Robert Martinez, JD; and John Proctor were present.

Staff Present (via Webex and in-person) included:

Adriana Hinojosa, Supplier Diversity Program Manager
Beall Carothers, Director of Planning, Development & Construction (in-person)
Bennie Miller, Manager Supplier Diversity
Cody Lee, Facility Program Manager
Edmundo Castañeda, EVP & Chief Operating Officer (in-person)
Felicia Miller, EVP & Chief Talent Officer
Forrest Stovall, Governance Program Coordinator (in-person)
Guy Toliver, Director Inclusion & Supplier Diversity (in-person)
James Balfour, Sr. Associate General Counsel (in-person)
John Raish, SVP Support Services (in-person)
John Wilson, Director Planning, Design, & Construction
Mark Stewart, Mgr., Project, Renovations & New Construction
Melanie Roberts, SVP Chief Compliance & Ethics Officer
Pamela Bryant, SVP & Chief Supply Chain Officer (in-person)
Rick Humphrey, EVP & Chief Financial Officer
Roberto de la Cruz, EVP Chief Clinical Officer
Saul Cordero, VP & Chief Governance Officer (in-person)
Vic Summers, SVP Internal Audit

II. Mission Statement

Chair began the meeting by stating the mission statement:
Advance Wellness | Relieve Suffering | Develop and Educate

III. Public Comments Regarding Agenda Items

No members of the public registered for comments regarding the agenda items.

IV. Conflicts of Interest

After review of the agenda, the Chair noted zero conflicts of interest for Board Members present.

V. Reports Requiring Deliberation(s) or Approval(s)

A. MATOC Overview

Jay Balfour provided an overview of the Multiple Award Task Order Contract (MATOC). He defined what MATOC is, how it's used, and provided a brief history of the program at Parkland.

The Committee asked questions and received further information related to the MATOC Overview.

Next, Pam Bryant provided a breakdown of the current MATOC program. She reviewed the companies, MWBE breakdown, and total award amounts.

The Committee asked questions and received further information related to the MATOC data. The Committee also asked questions and received further information related to the overhead cost and process related to the MATOC awards.

The Committee had an at length dynamic discussion related to the MATOC program, the types of companies that are part of the program, and the overall goals of the MATOC program. The Committee requested management come back with recommendations on how to develop the MATOC program to ensure it is building up small contractors and building capacity in a competitive market.

B. Old Parkland Campus Demolition

John Raish reported on the Old Parkland Campus Demolition. He reviewed the anticipated timeline for demolition and the abatement activities that are beginning in the coming weeks. The last day for pedestrian traffic through the old Parkland campus is July 9th.

The Committee asked questions and received further information related to the Old Parkland Campus Demolition.

C. Procurement Update: OK Paper Warehouse Demolition

Jay Balfour provided an update on the procurement for the OK Paper Warehouse Demolition and the separate contract for the surface lot construction. The project will have a 30% MWBE participation requirement.

D. Procurement Update: Childcare Site Expansion (Annie's Place)

Jay Balfour discussed the procurement for Annie's Place expansion. He anticipates the next update to include the design progress followed by the construction contract procurement.

VI. Executive Session

At 12:28 p.m., the Committee went into Executive Session as permitted by the closed meeting exceptions specified on the agenda.

Members of management were excused from the discussion of topics as necessary.

A. Existing and Potential Procurement Contracts Relating to Real Property and Related Professional
   i. Moody 6th Floor CMAR Clinic Buildout
   ii. Architect/Engineer as Independent Representative to Parkland for Design-Build Firm to Construct Free-Standing Administration Tower

B. Chase Lease Update

C. Stemmons Lease Update

D. Vickery Lease Update

E. Stewpot Co-location Agreement

F. Mobile Banking License

G. Amelia Court Update

Members of management in executive session attendance included:

Beall Carothers, Edmundo Castañeda, Felicia Miller, Forrest Stovall, Guy Toliver, James Balfour, John Raish, John Wilson, Melanie Roberts, Nneka Egbuniwe, Pam Bryant, Rick Humphrey, Roberto de la Cruz, Saul Cordero, and Vic Summers

The Committee reviewed information regarding the agenda items presented by management and asked additional questions and received answers.

At 1:10 p.m., the Committee moved into Open Session.

VII. Adjourn

With no further business to discuss, Committee Chair Don O'Bannon, Esq, adjourned the meeting at 1:11 p.m.

SO RECORDED:

Don O'Bannon, Esq Committee Chair	Steve Roth, JD, MPH Assistant Secretary

Parkland

Minutes 2022-05-24 Budget & Finance Committee

Parkland

MINUTES

Dallas County Hospital District Board of Managers

Budget and Finance
May 24, 2022

Minutes of the Budget and Finance Committee meeting of the Board of Managers of the Dallas County Hospital District, held Tuesday, May 24, 2022, scheduled for 11:30 a.m. in the WISH Building Executive Conference Room (02-175) at Parkland Health and via WebEx. These minutes do not constitute a certified agenda from the meeting.

I. Attendance and Call to Order

Committee Chair Ramon Miguez, PE, noted that a quorum was physically present and called the meeting to order at 11:34 a.m. Committee member Eric G. Bing, MD, PhD, was present. Robert Martinez, JD, was appointed to the Committee to meet quorum. Committee member Lisa Sutter attended via Webex.

Staff Present (via Webex and in-person) included:

April Audain, VP UT Contracts Admin
Bennie Miller, Manager Supplier Diversity
Donna Richardson, EVP & Chief Nursing Executive
Edmundo Castañeda, EVP & Chief Operating Officer
Felicia Miller, EVP & Chief Talent Officer
Forrest Stovall, Governance Program Coordinator (in-person)
Fred Cerise, President & Chief Executive Officer (in-person)
Guy Toliver, Director Inclusion-Supply Diversity
James Balfour, Sr. Associate General Counsel (in-person)
Jared Ginter, VP Institutional Risk Management
Joe Longo, SVP & Chief Information Officer
Joe Mayer, Treasury Director
John Raish, SVP Support Services
Keri Disney-Story, VP Clinical Finance
Pam Bryant, SVP Chief Supply Chain Officer (in-person)
Rick Humphrey, EVP & Chief Financial Officer (in-person)
Roberto de la Cruz, EVP & Chief Clinical Officer
Saul Cordero, VP & Chief Governance Officer (in-person)
Steven Roth, EVP & General Counsel (in-person)
Vic Summers, SVP Internal Audit

II. Mission Statement

Committee Chair began the meeting by stating the mission statement:
Advance Wellness | Relieve Suffering | Develop and Educate

III. Public Comments Regarding Agenda Items

No members of the public registered for comments regarding the agenda items.

IV. Reports Requiring Deliberation(s) or Approval(s)

A. Approve Contracts over $200,000

Pam Bryant reviewed the briefing documents for contracts over $200,000. (See Appendix A of these minutes for more specific details on each contract.) Discussion of non-sole source contracts was first. Jay Balfour reported on Contract N1, McGough Construction, for the build out of three clinics in Moody Outpatient Center. Next, Pam reported on several Information Technology related contracts: Contract N2, Insight Public Sector, to increase the memory for Tap N Go Workstations; contract N3, General Datatech LP, contract N4, Henry Schein, and contract N5, Philips Healthcare. Next, Pam reported on the remaining non-sole source contracts.

The Committee members asked questions and received additional information related to the non-sole source contracts. The Committee also asked questions related to the MWBE percentage for non-sole source contracts.

Next, Pam reviewed the sole source contracts. Contract S1, PolyNovo, was negotiated down to a lower price in line with fair market value. Contract S2, bioLytical Laboratories, is for HIV test kits to be used at Correctional Health facilities. The test kits are currently used elsewhere at Parkland so this will standardize the point of care testing across Parkland facilities. Lastly, Contract S3, Sight Sciences, is for a new, less invasive glaucoma surgical technology to be used in the operating room.

The Committee asked questions and received further information related to the sole source contracts.

Robert Martinez, JD, motioned for the approval of Contracts over $200,000. Eric Bing, MD, PhD, seconded the motion. The motion passed unanimously.

B. Approve Capital Substitutions

Rick Humphrey presented three Capital Substitutions for approval to the Committee:

- OK Paper Demo Building & Replace with Surface Parking
- New Dental Clinic
- Child Care Center Buildout Annie's Place Renovation

Robert Martinez, JD, motioned for the approval of Capital Substitutions. Eric Bing, MD, PhD, seconded the motion. The motion passed unanimously.

C. Parkland Financial Performance Presentation

Rick Humphrey reviewed the financial results for April 2022 and discussed significant performance variances.

For the month of April, Parkland Health & Hospital System (Parkland) recognized a net income of $3.8M which is ($6.1M) unfavorable to the budgeted net income of $9.9M and an unfavorable change of ($1.8M) compared to the prior year net income of $5.6M.

Parkland's operating margin and operating cash flow margin for the month of April are 2.2% and 6.8%, respectively. The operating margin is unfavorable compared to budget of 4.3% and the operating cash flow margin is also unfavorable compared to budget of 8.2%. Parkland's operating margin is favorable compared to the prior year operating margin of 1.1% and favorable to the operating cash flow margin of 5.0% from the prior year.

Parkland's patient cash collections in April were $72.7M which is below budget by ($0.2M) and ($1.6M) lower than the prior year. Parkland's days cash on hand of 223 days for the month is a decrease of 15 days compared to prior month of 238 days and greater compared to the prior year April of 206 days an increase of 17 days.

Rick Humphrey reviewed the income statement for April 2022 noting the variances to budget. Overall, he noted Parkland is approximately $6.1 million unfavorable to budget for the month. Rick noted that as long as volumes persist at higher levels, salaries and benefits will continue to be above budget. Rick also reviewed the investment portfolio and explained due to current interest rates, the bonds appear lower in value. Next, Rick added in the health plan and other Parkland entities to note the overall variances to budget.

The Committee asked questions and received further information related to the Financial Performance Presentation.

Lastly, Rick reviewed the Key Metrics for the system. He introduced a new slide – Days in Accounts Payable for Construction Payments – as requested by Committee member Don O'Bannon, Esq.

The Committee asked questions and received further information related to the Key Metrics.

The Committee Chair discussed shortening the Finance presentation because of discussions at the Board Retreat. However, the Committee requested to leave the financial presentation in its current state to ensure thorough review.

V. Executive Session

At 12:37 p.m., the Committee went into Executive Session as permitted by the closed meeting exceptions specified on the agenda.

A. Discussion of Master Service Agreement for Physician Services FY22 Contract Update

Members of management in executive session attendance included:

April Audain, Donna Richardson, Edmundo Castañeda, Felicia Miller, Forrest Stovall, Fred Cerise, Pam Bryant, Rick Humphrey, Roberto de la Cruz, Saul Cordero, Steve Roth, and Vic Summers

The Committee reviewed information regarding the agenda items presented by management and asked additional questions and received answers.

At 12:53 p.m., the Committee moved into Open Session.

VI. Adjourn

With no further business to discuss, the Committee Chair adjourned the meeting at 12:54 p.m.

SO RECORDED:

_____	_____
Ramon Miguez, PE	Steve Roth, JD, MPH
Committee Chair	Assistant Secretary

Appendix A (Contracts Reviewed for Approval)

Item	Page No.	Contract Type	Service or Product	Supplier	Contract Term	Current Contract Approval Amount Request	New Approved Contract Value	Selection Method	Budgeted?	Business Owner / Dept.	MWBE %
											May 24, 2022
NON-SOLE SOURCE CONTRACTS - Sorted by Size											
N1	5	Capital	Construction Manager at Risk (CMAR) for Moody Outpatient Center	McGough Construction	5/25/2022 - 5/24/2023	$11,300,000	$11,300,000	Request for Proposals (Best Value)	Yes	Laura Adair, Planning, Design and Construction	50%
N2	8	Capital	Axiom AX - DDR4	Insight Public Sector Inc	Last signature - 3 Years	$865,619	$865,619	TXMAS or DIR Competition	Yes	Jeff Maxfield/Jeff DeFord, Information Technology	0%
N3	10	Capital and Expense	Calabrio	General Datatech LP	Last Signature - 1 Year	$730,630	$730,630	TXMAS or DIR Purchase	Yes	Darren Jones/Jeff DeFord, Information Technology	0%
N4	12	Capital	Supplies and Equipment for Henry Wade Jail & Jubilee Dental Clinics	Henry Schein	6/1/2022 - 8/30/2022	$332,656	$332,656	Invitation for Bids	No, CAP contingency funds	Patrick Eaton, Clinical Engineering	0%
N5	14	Capital	Equipment for the Patient Information Center iX Expansion	Philips Healthcare	Last Signature - 9/30/2022	$282,411	$282,411	GPO Purchase	Yes	Benny Buenvenida, Clinical Engineering	0%
N6	16	Expense	Mod #8 Background Screening Service	Dallas-Fort Worth Hospital Council Ventures, Inc.DBA: Group One Services, Inc.	10/1/2016 - 7/31/2022	$199,900	$2,119,675	Non-Sole Source Modification	Yes	Shannon Mosley, Office of Talent Management	0%
N7	18	Expense	Mod #6 Pressure Washing Services	Debbie and Sons Pressure Washing Services	10/1/2018 - 6/30/2022	$103,771	$474,280	Non-Sole Source Modification	Yes	Eric Walker, Environmental Services	0%
N8	20	Revenue: Court Approval	Mobile Banking License	PNC Bank, National Association	Last Signature - 5 Years	$0	$0	Real Estate – Exemption	N/A-Revenue	Beall Carothers, Planning Design & Construction	0%

Appendix A (Continued)

Item	Page No.	Contract Type	Service or Product	Supplier	Contract Term	Current Contract Approval Amount Request	New Approved Contract Value	Selection Method	Budgeted?	Business Owner / Dept.	MWBE %
SOLE SOURCE CONTRACTS - Sorted by Size											
S1	23	Expense	NovoSorb BTM Polyurethane Dermal Substitute Implants	PolyNovo	6/1/2022 - 5/31/2027	$1,400,000	$1,400,000	Sole Source	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets.	Cheston Chan, Operating Room	0%
S2	25	Expense	INSTI Controls Test Kits/INSTI HIV-1/HIV-2 one test kit/ Pipette Transfer 50ul	bioLytical Laboratories	6/1/2022 - 5/31/2027	$406,040	$406,040	Sole Source	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets.	Tina Hill , Correctional Health Services	0%
S3	27	Expense	Omni Surgical System	Sight Sciences, Inc.	5/25/2022 - 5/24/2024	$294,000	$294,000	Sole Source	Yes, for the current fiscal year. Additional years costs will be budgeted in the appropriate fiscal year budgets.	Cheston Chan, Ambulatory Service Center	0%

Parkland

Minutes 2022-05-25 Quality of Care & Patient Safety Committee

Parkland

MINUTES

Dallas County Hospital District Board of Managers

Quality of Care and Patient Safety
May 25, 2022

Minutes of the Quality of Care and Patient Safety Committee meeting of the Board of Managers of the Dallas County Hospital District, held Wednesday, May 25, 2022, scheduled for 10:00 a.m. in the WISH Building Conference Room (02-175) at Parkland Health and via WebEx. These minutes do not constitute a certified agenda from the meeting.

I. Attendance and Call to Order

Committee Chair Elizabeth Palacios, MD, noted that a quorum was physically present and called the meeting to order at 10:02 a.m. Committee member Eric G. Bing, MD, PhD, was present. Board member Robert Martinez, JD, was appointed to the Committee to establish quorum. Committee members Todd Furniss, JD, and Farida Minner, RN, arrived at 10:03 am.

Board Member attendees included: Robert Martinez, JD.

Staff Present (via Webex and in-person) included:

Brandon Bruns, UTSW Associate Professor
Brett Moran, SVP & Associate Chief Medical Officer
Carlos Girod, UTSW Professor
Courtney Edwards, Director of Nursing, Trauma Community Outreach
Dawn Marchetto, SVP Nursing
Donna Hale, Interim VP Nursing Peri-Op
Donna Richardson, EVP & Chief Nursing Executive (in-person)
Edmundo Castañeda, EVP & Chief Operating Officer
Eugene Chu, President of the Medical Executive Committee (MEC)
Felicia Miller, EVP & Chief Talent Officer
Forrest Stovall, Governance Program Coordinator (in-person)
Fred Cerise, President & CEO (in-person)
James Griffin, President-Elect Medical Staff (in-person)
Jeffrey Metzger, UTSW Associate Professor
Joe Kwon, UTSW Assistant Professor
Jose Joglar, UTSW Professor
Juanita Chism, Interim Vice President Nursing
Judy Herrington, SVP Nursing
Karen Garvey, VP Safety & Clinical Risk Management
Kathleen Doherty, Interim VP Surgical Services
Katie Mapula, Director of Nursing
Kristie Brown, Director of Nursing – Trauma Service
Kurtis Young, Ops Admin, Acute Psychiatry Services
Madhuri Sopirala, UTSW Associate Professor
Margaret Palmer, VP Medical Affairs
Marjorie Quint-Bouzid, SVP Nursing WISH
Matthew Leveno, UTSW Associate Professor
Michael Lane, SVP & Chief Quality Safety Officer (in-person)
Miranda Bond, Director Patient Relations

Nikina Jones, Director of Nursing
Nneka Egbuniwe, Deputy General Counsel (in-person)
Pamela Bryant, SVP Chief Supply Chain Officer
Roberto de la Cruz, EVP & Chief Clinical Officer (in-person)
Sarah Gartner, Nurse
Saul Cordero, VP & Chief Governance Officer (in-person)
Vic Summers, SVP Internal Audit

II. Mission Statement

Chair began the meeting by stating the mission statement:
Advance Wellness | Relieve Suffering | Develop and Educate

III. Public Comments Regarding Agenda Items

No members of the public registered for comments regarding the agenda items.

IV. Executive Session – Quality & Patient Safety Operations Section

At 10:03 a.m. the Committee moved into Executive Session as permitted by the closed meeting exceptions specified on the agenda.

Members of management were excused from the discussion of topics as necessary.

Members of management in executive session attendance included:

Brandon Bruns, Brett Moran, Carlos Girod, Courtney Edwards, Dawn Marchetto, Donna Hale, Donna Richardson, Edmundo Castañeda, Eugene Chu, Felicia Miller, Forrest Stovall, Fred Cerise, James Griffin, Jeffrey Metzger, Joe Kwon, Jose Joglar, Juanita Chism, Judy Herrington, Karen Garvey, Kathleen Doherty, Katie Mapula, Kristie Brown, Kurtis Young, Madhuri Sopirala, Margaret Palmer, Marjorie Quint-Bouzid, Matthew Leveno, Michael Lane, Miranda Bond, Nikina Jones, Nneka Egbuniwe, Pamela Bryant, Roberto de la Cruz, Sarah Gartner, Saul Cordero, and Vic Summers

In executive session, the Committee received the presentation and reports as specified in the posted agenda.

A. Chief Quality & Safety Officer Report: Executive Quality Committee (EQC) Summary

B. Patient Safety & Clinical Risk
   1. Root Cause Analysis (RCA) Case Reviews

C. Clinical Quality Reports
   1. Department Performance Improvement Committee (PIC)/ Clinical Quality Committee (CQC) Annual Presentation

a. Emergency Operations PIC
b. Psychiatry & Behavioral Health
c. Trauma CQC

D. Reports
1. Patient Relations: Complaints, Grievances, & Successes
2. Medical Staff Professional Services & Regulatory Affairs Annual Report

The Committee reviewed all items on the agenda, asked questions and received additional information.

V. Executive Session: Medical Executive Committee ("MEC")

Eugene Chu, MD, President of the Medical Executive Committee, discussed the items posted on the agenda.

A. Appointments/Reappointments
1. Medical Staff & Non-Physician Clinical Providers to Parkland Health & Hospital System
a. Credentialing Report
a. Delineation of Privileges
i. Correctional Health – IM/FM/PEDS
ii. Ambulatory Medicine/COPC/EPO/HOMES

The Board asked questions and received additional information.

Members of management in the MEC executive session attendance included:

Carlos Girod, Donna Richardson, Edmundo Castañeda, Eugene Chu, Felicia Miller, Forrest Stovall, Fred Cerise, James Griffin, Jose Joglar, Margaret Palmer, Mike Lane, Nneka Egbuniwe, Roberto de la Cruz, Saul Cordero, and Vic Summers

VI. Executive Session: Chief Quality & Safety Officer (CQSO) One-on-One with Committee

The Committee did not conduct a One-on-One with the CQSO, Dr. Mike Lane.

VII. Executive Session: Medical Executive Committee President One-on-One with Committee

The Committee did not conduct a One-on-One with the Medical Executive Committee President, Dr. Eugene Chu.

Chair adjourned Executive Session and moved into Open Session at 12:10 p.m.

VIII. Action Items (Open Session)

A. Consent Agenda
1. SYS.PI.001 Quality Assessment & Performance Improvement Plan

B. Approve Medical Executive Committee Recommendations

2. Approval of the Appointments/Reappointments, Privileges and Staff Status Changes of the Medical Staff and Non-Physician Clinical Providers
    a. Credentialing Report
    b. Delineation of Privileges
        i. Correctional Health – IM/FM/PEDS
        ii. Ambulatory Medicine/COPC/EPO/HOMES

Todd Furniss motioned to recommend Board approval of the SYS.PI.001 Quality Assessment & Performance Improvement Plan. Eric G. Bing, MD, seconded the motion. The motion passed unanimously.

Todd Furniss motioned to recommend Board approval of the Approval of the Appointments/Reappointments, Privileges and Staff Status Changes of the Medical Staff and Non-Physician Clinical Providers. Eric G. Bing, MD, seconded the motion. The motion passed unanimously.

IX. Adjourn

With no further business to discuss, Committee Chair Elizabeth Palacios, MD, adjourned the meeting at 12:12 p.m.

SO RECORDED:

_____	_____
Elizabeth Palacios, MD	Steve Roth, JD, MPH
Committee Chair	Assistant Secretary

Parkland

Minutes 2022-05-25 Board of Managers

Parkland

MINUTES

Dallas County Hospital District Board of Managers

Minutes of the Board of Managers meeting of the Dallas County Hospital District, held Wednesday, May 25, 2022, scheduled for 1:00 p.m. in the WISH Building Conference Room (02-175) at Parkland Health and via WebEx. These minutes do not constitute a certified agenda from the meeting.

I. Attendance and Call to Order

Chair Marjorie Petty, JD, noted that a quorum was physically present and called the meeting to order at 1:00 p.m.

Board Member attendees included: Chair Marjorie Petty, JD; Eric G. Bing, MD, PhD; Todd Furniss, JD; Robert Martinez, JD; Ramon Miguez, PE; Farida Minner, RN; and Elizabeth Palacios, MD.

Board members Don O'Bannon, Esq; John Proctor; Lisa Sutter; and Jeff Tillotson, JD, were not present.

Staff Present (via Webex and in-person) included:

Blanca Garcia, Strategy & Integration Administrator
Andrew Devine, Sr. Associate Attorney
April Audain, VP UT Contracts Administration
Donna Richardson, EVP & Chief Nursing Executive (in-person)
Edmundo Castañeda, EVP & Chief Operating Officer
Felicia Miller, EVP & Chief Talent Officer
Forrest Stovall, Governance Program Coordinator (in-person)
Fred Cerise, President & Chief Executive Officer (in-person)
Fuad Khan, Chief Integrated Behavioral Health (in-person)
John Raish, SVP Support Services
Jose Joglar, UTSW Professor
Katherine Yoder, VP Government Relations
Keri Disney-Story, VP Clinical Finance (in-person)
Margaret Dutton, Strategy & Integration Analyst
Melanie Roberts, SVP & Chief Compliance and Ethics Officer
Michael Lane, SVP Chief Quality & Safety Officer
Nneka Egbuniwe, Deputy General Counsel (in-person)
Rick Humphrey, EVP & Chief Financial Officer
Roberto de la Cruz, EVP & Chief Clinical Officer (in-person)
Samia Zia, Director Strategy & Integration
Saul Cordero, VP & Chief Governance Officer (in-person)
Steven Roth, EVP & General Counsel (in-person)
Vic Summers, SVP Internal Audit

Other Attendees:
George Dunaway, Perimeter Healthcare

Kristen Harrison, SmithGroup
Dr. Yosef Khan, DFW Muslim Chaplain
Cleoney Lawrence, Adelanto Healthcare Ventures LLC
Tomas Vela, Adelanto Healthcare Ventures LLC

II. Mission Statement

The Chair began the meeting by stating the mission statement:
Advance Wellness | Relieve Suffering | Develop and Educate

III. Invocation

Dr. Yosef Khan offered an invocation at the beginning of the meeting.

IV. Public Comments Regarding Agenda Items

No members of the public registered for comments regarding the agenda items.

V. Conflicts of Interest

After review of the agenda, the Chair noted zero conflicts of interest for Board Members present.

VI. Executive Session

At 1:05 p.m., the Board went into Executive Session as permitted by the closed meeting exceptions specified on the agenda.

A. Discussion Related to Duties and Roles of Board of Managers for Governance and System Operations

Zero members of management attended this portion of Executive Session.

Chair adjourned Executive Session and moved into Open Session at 1:44 p.m.

VII. Reports Requiring Deliberation(s) or Approval(s)

A. D-Magazine & Great 100 Winners Resolution
The Chair presented the D-Magazine & Great 100 Winners Resolution to Donna Richardson on behalf of the nursing employees.

VIII. Consent Agenda

Minutes 2022-04-13 Audit Committee

Minutes 2022-04-13 Facilities Committee

Minutes 2022-04-26 Budget & Finance Committee

Minutes 2022-04-27 Quality of Care & Patient Safety Committee

Minutes 2022-04-27 Board of Managers

Approve Patient Settlements

Approve Medical Executive Committee Resolution for Appointments/Reappointments, Privileges and Staff Status Changes of the Medical Staff and Non-Physician Clinical Providers

Robert Martinez, JD, motioned for the approval of the Consent Agenda. Ramon Miguez, PE, seconded the motion. The motion passed unanimously.

IX. Public Hearing on the LPPF Mandatory Payment Assessment

A. Presentation on Amendment to the SFY2022 Mandatory Rate
Keri Disney-Story presented a proposed amendment to the SFY2022 LPPF Mandatory Rate. The proposed amended rate is 6%, a 3.25% increase to the previously approved 2.75%. Keri explained the need for the rate increase and summarized the amount this proposed rate will fund.

B. Public Comments Regarding the Mandatory Rate and Use of Collected Funds
No members of the public were present to make public comment on the Mandatory Rate and Use of Collected Funds.

C. Vote on Amendment of SFY2022 Mandatory Rate
Keri Disney-Story presented the proposed amended Mandatory Rate for SFY2022 to the Board for approval.

Robert Martinez, JD, motioned for the approval of the amended 6% LPPF Mandatory Rate for SFY2022. Todd Furniss, JD, seconded the motion. The motion passed unanimously.

X. Reports Requiring Deliberation(s) or Approval(s)

A. CEO Update on System Operations
Fred Cerise, MD, provided an update on the Parkland Health system:

- Celebrate Us! 2022
- Contract Labor Costs
- Market Review Schedule for Equitable Pay Changes
- New Nurse Residency Pay Increases
- Childcare Growth Strategies
- Employee Development Initiatives
- Homeward Bound Opening
- Family Medicine Clinic Relocation
- Mammography Services at Redbird Health Center
- April 2022 Income Statement
- Budget Key Operating Statistics

- Former Parkland Hospital Campus Demolition

The Board asked questions and received further information related to the CEO Update on System Operations.

B. Behavioral Health Update

Dr. Fuad Khan provided a Behavioral Health Update. The update included:

- Overview of Behavioral Health
- Trends in behavioral health services
- Opportunities for new behavioral health services
- Parkland's behavioral health service expansion within Dallas County
- Expansion of pediatric services
- Expansion of adult services
- Services offered at Correctional Health facilities

C. Questions & Discussion Related to Behavioral Health Update

The Board asked questions and received additional information related to the Behavioral Health Update. The Board also asked questions and received additional information related to additional opportunities to expand services in Dallas County.

Finally, the Chair requested Dr. Khan come back at a future meeting to share metrics for recent successes.

XI. Executive Session

At 3:00 p.m., the Board went into Executive Session as permitted by the closed meeting exceptions specified on the agenda.

A. Amelia Court Sale to UTSW Update

B. Personnel Matters Pertaining to Duties and Responsibilities of Chief Executive Officer

C. Personnel Matters Pertaining to Duties and Responsibilities of Board Members

Members of management in executive session attendance included:

Edmundo Castañeda, Felicia Miller, Forrest Stovall, Fred Cerise, John Raish, Melanie Roberts, Michael Lane, Rick Humphrey, Saul Cordero, Steve Roth, and Vic Summers

Chair adjourned Executive Session and moved into Open Session at 3:45 p.m.

XII. Adjourn

With no further business to discuss, Chair Marjorie Petty, JD, adjourned the meeting at 3:45 p.m.

SO RECORDED:

_____	_____
Marjorie D. Petty, JD	Steve Roth, JD, MPH
Chair	Assistant Secretary

Parkland

Approve SYS.COMP.006 – Non-Retaliation

Recommended for approval at May 4th GCEC

SYS.COMP.006 Non-Retaliation Policy

Background:

- Last published March 2020.
- Recommended changes include:
  - Updated Scope & Purpose to new standard language of applicability
  - Statement of supervisor/management responsibility to create a culture of compliance without fear of retaliation
  - Consolidated policy language to focus on non-retaliation
  - Added reference to the Reporting Obligations Policy and Attachment A as examples applicability for Good Faith reporting & non-retaliation
  - Enhanced definitions section to include new definitions of "Good Faith, Officer, Parkland Affiliates, Workforce Member and Abuse of Authority Relating to Federal or State Contracts or Grants."

Non-Retaliation Policy	SYS.COMP.006	Published: 3/25/20
SYSTEM - Compliance and Ethics		Page 1 of 3

PURPOSE:

The purpose of this compliance policy is to promote Parkland Health's adherence to applicable federal and state law, private payer healthcare requirements, and the Parkland Code of Conduct. This policy is designed to promote Parkland Health's practices against fraud, abuse, waste, and other potential liability areas and is also designed to foster an organizational culture that promotes prevention, detection, and resolution of conduct that does not conform to the law or Parkland Health's ethical and business policies; moreover, this policy articulates and demonstrates Parkland Health's commitment to legal and ethical standards.

~~The purpose of this policy is to expressly prohibit retaliation or retribution against any member of Parkland Personnel~~Workforce Member who reports, in Good Faith, an ethical or ~~compliance concern or a suspected or potential compliance violation, or who participates in the investigation of any such report or matter. Parkland recognizes that a critical aspect of its Quality and Patient Safety and Compliance and Ethics Programs is the establishment of a culture that promotes patient safety and the prevention, detection, and resolution of non-compliance and to that end, employees who report concerns must be protected from retaliation. As explained in Parkland's Reporting Obligations Policy and Procedure, Parkland employees have a duty to report any such concerns.~~

SCOPE:

~~All Parkland Health & Hospital System ("Parkland") employees, all residents and physicians who are members of Parkland's Medical Staff, all members of Parkland's Board of Managers, and all contractors, subcontractors, and agents who perform services or act on behalf of Parkland.~~

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This policy applies to all Parkland Health and Parkland Affiliate (collectively for purposes of this Policy "Parkland") locations and Workforce Members.

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POLICY:

1. ~~Parkland Personnel~~Workforce Members may not be discharged, demoted, suspended, threatened, intimidated, coerced, harassed, ~~or~~ discriminated against or subjected to other retaliatory actions, including adverse personnel actions, for disclosing or reporting, in Good Faith, any issues or questions regarding Parkland's policies, conduct, practices or procedures, including those believed to be a potential violation of criminal, civil or administrative law, ~~,~~rule or regulation or

professionally recognized standards of care.

1. ~~This includes disclosure or reports, and investigations regarding~~Examples of ethics or compliance-related concerns raised in Good Faith ~~-~~are outlined in Attachment A of this policy and the Reporting Obligations Policy (SYS.COMP.008). ~~potential violations of:~~

~~A. Parkland's Code of Conduct and Ethics;~~

~~B. Parkland's policies and procedures;~~

~~C. Applicable laws and regulations, including those pertaining to Federal and state health care programs, unlawful kickbacks, and the Stark law; and~~

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~~D.~~2. ~~Applicable accreditation standards and professionally recognized standards of care.~~

~~2. Parkland Personnel may not be discharged, demoted, suspended, threatened, harassed or discriminated against in any other manner for reporting potential false claims or unlawful billing practices, participating in the investigation of false claims or unlawful billing practices, taking action to stop the submission of potential false claims, or for filing an action under the False Claims Act.~~

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~~3. Parkland Personnel may not be discharged, demoted, suspended, threatened, harassed or otherwise discriminated against in any other manner for reporting or participating in the investigation of:~~

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~~A. Mismanagement of Federal or State contracts or grants;~~

~~B. Waste of Federal or State funds;~~

~~C. An Abuse of Authority Relating to Federal or State Contracts or Grants;~~

~~D. The creation of a substantial and specific danger to the public health and safety; or~~

~~E. A violation of law, rule or regulation relating to a Federal or State contract or grant, including the competition and negotiation of the Federal or State contract or grant.~~

~~4.~~3. Managers and Supervisors have a responsibility to create an ~~work~~ environment and culture of compliance where concerns can be raised, openly discussed, and reported without fear. Any allegation of retaliation will be promptly investigated, and if substantiated, will result in corrective action up to and including termination of employment.

~~5.~~4. An employee who believes retaliation is occurring or has occurred must promptly report the concern to the Compliance and Ethics Department or the Office of Talent Management. See the Parkland's Reporting Obligations Policy and Procedure (SYS.COMP.008).

DEFINITIONS:

When used in this Policy these terms have the following meanings:

An Abuse of Authority Relating to Federal or State Contracts or Grants: an exercise of authority that is inconsistent with the mission of the executive agency awarding the contract or grant or that obstructs the successful performance of the contract or grant.

Good Faith: ~~the person making the report or participating in the investigation believes the statements he or she is making are true and correct to the best of their knowledge and ability.~~means the reporter believes the information is true and reported without omission, including the extent of the reporter's own involvement, if applicable

Officer: An Officer is an elected or appointed position as defined by the Parkland Health Bylaws of the Board of Managers or the bylaws of Parkland Affiliates.

Parkland Affiliates: Parkland Affiliates are the Parkland Center for Clinical Innovation, the Parkland Community Health Plan, the Parkland Auxiliary, and the Parkland Foundation.

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~~Parkland Personnel~~Workforce Member: ~~Board members; officers; employees; residents and physicians who are members of Parkland's Medical Staff; other non-physician practitioners; and contractors, subcontractors and agents who perform services or act on behalf of Parkland.~~An Officer, board member, employee, volunteer, member of the medical staff, contractor, vendor, trainee or other person whose conduct, in the performance of work for Parkland, is under the direct control of Parkland or a Parkland Affiliate, whether or not he or she is paid by Parkland or a Parkland Affiliate.

REFERENCES:

31 USC § 3730(h)

41 USC § 4712

45 CFR § 164.530(g)

Texas Government Code § 554.02, Protection for Reporting Violations of the Law: Retaliation Prohibited for Reporting Violation of Law

Attachment A

EXAMPLES OF REPORTABLE COMPLIANCE ISSUES

This list contains examples of high-level categories of potential reportable compliance issues and is by no means exhaustive. If you have any questions regarding whether an issue is reportable, please contact the Compliance and Ethics Department or the Parkland Integrity Line.

- Improper billing or coding of patient accounts; inappropriate charging/billing (includes all elements of charge selection through claim submission); and inappropriate charge code selection
- The submission of false, inaccurate, or questionable claims to Medicare, Medicaid, or any other payer
- The provision or acceptance of payments, discounts, or gifts in exchange for referrals of patients (e.g., Stark Law or Anti-kickback Statute issues)
- Medical necessity issues
- The provision of services to a patient the quality of which fails to meet professionally recognized standards of care
- Specialty programs issues (e.g., inappropriate billing of hyperbaric oxygen therapy or inappropriate advertising of specialty program services)
- Cost reporting issues
- Falsification or inappropriate alteration of documentation
- Potential violations of the patient inducement guidelines (i.e., offering patients any improper remuneration to order or receive items or services from a particular provider that are likely to influence the patient's choice of provider). Remuneration is defined as anything of value, including waivers of co-payments and deductible amounts, in full or in part, and transfers of items or services for free or for less than fair market value.

- Destruction of evidence during an investigation or related to actual or anticipated litigation
- Suspected or actual breaches of patient privacy and security or identity theft
- Situations that could raise conflict of interest concerns
- EMTALA issues
- Drug diversion (illegal sale or redistribution of drugs) or other potential controlled substance incidents. This includes issues involving DEA or state-controlled substance violations related to the theft or loss of controlled substances; unauthorized use of a facility's or practitioner's DEA number or state required controlled substance registration number; or unauthorized use of a facility's or practitioner's prescription pad
- Potential regulatory issues involving licensure, registration, or certification. This includes issues involving Federal, state, local or payor-mandated licensure, registration, and certification requirements of individuals or health care related equipment; or individuals providing services outside their scope of practice or without being appropriately licensed, registered, or certified
- An Abuse of Authority Relating to Federal or State Contracts or Grants
- Issues regarding Ineligible Persons (OIG/GSA/State exclusion lists). This would include issues involving Parkland's use or employment of any individual or entity that:
  - is currently excluded, suspended, debarred or is otherwise ineligible to participate in Federal health care programs;
  - has been convicted of a criminal offense related to the provision of health care items or services but has not yet been excluded, debarred, or otherwise declared ineligible; or
  - is currently excluded on a state exclusion list.
- Compliance-related issues in clinical research (e.g., FDA-related issues, ethical violations)

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- Any ongoing investigation or legal proceeding conducted or brought by a governmental entity or its agents involving an allegation that a Parkland-affiliated facility or subsidiary has committed a crime or has engaged in fraudulent activity
- Claim reviews conducted or brought by a governmental entity or its agents
- Any request for copies of patient records for use in an investigation of an alleged compliance violation
- Notice of audit or arrival of auditors from the OIG
- Any unscheduled survey by any third-party agency for any reason
- Failure to follow Parkland's policies and procedures
- Retaliation for reporting compliance and ethics concerns
- Any issue not listed in this section but believed to be a compliance issue.

Non-Retaliation Policy	SYS.COMP.006	Published: 3/25/20
SYSTEM - Compliance and Ethics		Page 1 of 3

PURPOSE:

The purpose of this compliance policy is to promote Parkland Health's adherence to applicable federal and state law, private payer healthcare requirements, and the Parkland Code of Conduct. This policy is designed to promote Parkland Health's practices against fraud, abuse, waste, and other potential liability areas and is also designed to foster an organizational culture that promotes prevention, detection, and resolution of conduct that does not conform to the law or Parkland Health's ethical and business policies; moreover, this policy articulates and demonstrates Parkland Health's commitment to legal and ethical standards.

SCOPE:

This policy applies to all Parkland Health and Parkland Affiliates (collectively for purposes of this Policy "Parkland") locations and Workforce Members.

POLICY:

1. Workforce Members may not be discharged, demoted, suspended, threatened, intimidated, coerced, harassed, discriminated against or subjected to other retaliatory actions, including adverse personnel actions, for disclosing or reporting, in Good Faith, any issues or questions regarding Parkland's policies, conduct, practices or procedures, including those believed to be a potential violation of criminal, civil or administrative law, rule or regulation or professionally recognized standards of care.

2. Examples of ethics or compliance-related concerns raised in Good Faith are outlined in Attachment A of this policy and the Reporting Obligations Policy (SYS.COMP.008).

3. Managers and Supervisors have a responsibility to create an environment and culture of compliance where concerns can be raised, openly discussed, and reported without fear. Any allegation of retaliation will be promptly investigated, and if substantiated, will result in corrective action up to and including termination of employment.

4. An employee who believes retaliation is occurring or has occurred must promptly report the concern to the Compliance and Ethics Department or the Office of Talent Management. See Parkland's Reporting Obligations Policy and Procedure (SYS.COMP.008).

DEFINITIONS:

When used in this Policy these terms have the following meanings:

An Abuse of Authority Relating to Federal or State Contracts or Grants: an exercise of authority that is inconsistent with the mission of the executive agency awarding the contract or grant or that obstructs the successful performance of the contract or grant.

Good Faith: means the reporter believes the information is true and reported without omission, including the extent of the reporter's own involvement, if applicable

Officer: An Officer is an elected or appointed position as defined by the Parkland Health Bylaws of the Board of Managers or the bylaws of Parkland Affiliates.

Parkland Affiliates: Parkland Affiliates are the Parkland Center for Clinical Innovation, the Parkland Community Health Plan, the Parkland Auxiliary, and the Parkland Foundation.

Workforce Member: An Officer, board member, employee, volunteer, member of the medical staff, contractor, vendor, trainee, or other person whose conduct, in the performance of work for Parkland, is under the direct control of Parkland or a Parkland Affiliate, whether or not he or she is paid by Parkland or a Parkland Affiliate.

REFERENCES:

31 USC § 3730(h)

41 USC § 4712

45 CFR (Code of Federal Regulations) § 164.530(g)

Texas Government Code § 554.02, Protection for Reporting Violations of the Law: Retaliation Prohibited for Reporting Violation of Law

Attachment A

EXAMPLES OF REPORTABLE COMPLIANCE ISSUES

This list contains examples of high-level categories of potential reportable compliance issues and is by no means exhaustive. If you have any questions regarding whether an issue is reportable, please contact the Compliance and Ethics Department or the Parkland Integrity Line.

- Improper billing or coding of patient accounts; inappropriate charging/billing (includes all elements of charge selection through claim submission); and inappropriate charge code selection.
- The submission of false, inaccurate, or questionable claims to Medicare, Medicaid, or any other payer.
- The provision or acceptance of payments, discounts, or gifts in exchange for referrals of patients (e.g., Stark Law or Anti-kickback Statute issues).
- Medical necessity issues.
- The provision of services to a patient, the quality of which fails to meet professionally recognized standards of care.
- Specialty programs issues (e.g., inappropriate billing of hyperbaric oxygen therapy or inappropriate advertising of specialty program services).
- Cost reporting issues.
- Falsification or inappropriate alteration of documentation.
- Potential violations of the patient inducement guidelines (i.e., offering patients any improper remuneration to order or receive items or services from a particular provider that are likely to influence the patient's choice of provider). Remuneration is defined as anything of value, including waivers of co-payments and deductible amounts, in full or in part, and transfers of items or services for free or for less than fair market value.

- Destruction of evidence during an investigation or related to actual or anticipated litigation.
- Suspected or actual breaches of patient privacy and security or identity theft.
- Situations that could raise conflict of interest concerns.
- EMTALA (Emergency Medical Treatment and Active Labor Act) issues.
- Drug diversion (illegal sale or redistribution of drugs) or other potential controlled substance incidents. This includes issues involving DEA or state-controlled substance violations related to the theft or loss of controlled substances; unauthorized use of a facility's or practitioner's DEA number or state required controlled substance registration number; or unauthorized use of a facility's or practitioner's prescription pad.
- Potential regulatory issues involving licensure, registration, or certification. This includes issues involving Federal, state, local or payor-mandated licensure, registration, and certification requirements of individuals or health care related equipment; or individuals providing services outside their scope of practice or without being appropriately licensed, registered, or certified.
- An Abuse of Authority Relating to Federal or State Contracts or Grants.
- Issues regarding Ineligible Persons (OIG/GSA/State exclusion lists). This would include issues involving Parkland's use or employment of any individual or entity that:
    - is currently excluded, suspended, debarred or is otherwise ineligible to participate in Federal health care programs;
    - has been convicted of a criminal offense related to the provision of health care items or services but has not yet been excluded, debarred, or otherwise declared ineligible; or
    - is currently excluded on a state exclusion list.
- Compliance-related issues in clinical research (e.g., FDA-related issues, ethical violations)

- Any ongoing investigation or legal proceeding conducted or brought by a governmental entity or its agents involving an allegation that a Parkland-affiliated facility or subsidiary has committed a crime or has engaged in fraudulent activity.
- Claim reviews conducted or brought by a governmental entity or its agents.
- Any request for copies of patient records for use in an investigation of an alleged compliance violation.
- Notice of audit or arrival of auditors from the OIG (Office of Inspector General).
- Any unscheduled survey by any third-party agency for any reason.
- Failure to follow Parkland's policies and procedures.
- Retaliation for reporting compliance and ethics concerns.
- Any issue not listed in this section but believed to be a compliance issue.

Parkland

Approve SYS.COMP.008 – Reporting Obligations

Recommended for approval at May 4th GCEC

SYS.COMP.008 Reporting Obligations Policy

Background:

- Last published March 2020.
- Recommended changes include:
  - Updated Scope & Purpose to new standard language of applicability
  - Statement of supervisor/management responsibility to create a culture of compliance without fear of retaliation
  - Refined/streamlined procedural steps for reporting of potential compliance issues
  - Enhanced definitions section to include new definitions of "Good Faith, Officer, Parkland Affiliates, Vendor, Workforce Member and Abuse of Authority Relating to Federal or State Contracts or Grants."

Reporting Obligations Policy ~~and Procedure~~	SYS.COMP.008	Published: 3/25/20
SYSTEM - Compliance and Ethics		Page 1 of 14~~Page 1 of 8~~

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PURPOSE:

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The purpose of this compliance policy is to promote Parkland Health's adherence to applicable federal and state law, private payer healthcare requirements, and the Parkland Code of Conduct. This policy is designed to promote Parkland Health's practices against fraud, abuse, waste, and other potential liability areas and is also designed to foster an organizational culture that promotes prevention, detection, and resolution of conduct that does not conform to the law or Parkland Health's ethical and business policies; moreover, this policy articulates and demonstrates Parkland Health's commitment to legal and ethical standards.

~~The purpose of this policy is to set forth the duty of all Parkland PersonnelWorkforce Members to report potential compliance issues, including any identified concerns, issues or questions regarding, or suspected or potential violations of, Parkland's Code of Conduct & Ethics ("Code"); Parkland's policies and procedures; and applicable laws, rules and or regulations relating pertaining to Federal and sor State health care programs, including but not limited to the Anti- kickback statute unlawful kickbacks, and the Stark law or Federal or State contracts or grants. ; as well as any criminal, civil, or administrative law.~~

~~This policy is also intended to encourage vendors, contractors and business associates to report potential compliance issues. For purposes of this policy, potential compliance issues shall include, but not be limited to, the issues listed on the Attachment A of this policy and the Non-Retaliation Policy (SYS.COMP.006). "Examples of Reportable Potential Compliance Issues" (Attachment A to the Reporting Obligations Procedure), as well as any other issue that requires review to ensure adherence to the Code; Parkland's policies and procedures and/or the laws and regulations relating to Federal or state health care programs.~~

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SCOPE:

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This policy applies to all Parkland Health and Parkland Affiliate~~s~~ (collectively for –purposes of this Policy "Parkland") locations and Workforce Members.~~All Parkland Health & Hospital System ("Parkland") employees, all residents and physicians who are members of Parkland's Medical Staff, all members of Parkland's Board of Managers, and all contractors, subcontractors, and agents who perform services or act on behalf of Parkland.~~

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POLICY

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1.

~~1.~~ 1. All ~~Parkland Personnel~~Workforce Members have an affirmative duty and responsibility to report suspected or potential violations ~~suspected violations~~ of the Code, ~~;~~ Parkland's policies and procedures ~~;~~ and applicable law~~s~~s, rules or ~~and~~ regulations ~~relating~~ pertaining to Federal ~~and s~~or State health care programs, ~~including, but not limited to, the Conditions of Participation for Medicare; the Anti-kickback statute and the Stark law; as well as any violation of criminal, civil, or administrative law. Reports can be made to a direct supervisor; a direct supervisor's manager; a member of the management team; an Office of Talent Management ("OTM") Employee Relations Advisor or other member of the OTM Division; a representative of the Parkland Compliance and Ethics Department; or the Parkland~~ unlawful kickbacks, the Stark law or Federal or State contracts or grants.

~~Integrity Line (the toll-free telephone number is (800) 351-0093 and the web address is www.parklandintegrityline.ethicspoint.com). As detailed in the Code, concerns related to quality of care or patient harm should be reported through the Safety Center located on Parkland's intranet page. In addition, Parkland expects vendors, contractors and business associates to report any such suspected violations.~~

2. ~~2.~~ Managers and Supervisors have a responsibility to create an environment and culture of compliance where concerns can be raised, openly discussed, and reported without fear. ~~An "open door policy" will be maintained at all levels of management to encourage Parkland Personnel to report problems and concerns.~~

~~2. All Parkland Personnel receiving a report of a potential compliance issue, verbally or in writing, are required to submit a written report to the Chief Compliance and Ethics Officer ("CCO") or the CCO's designee or, alternatively, to report the issue to the Parkland Integrity Line. Likewise, all Parkland Personnel receiving a report of a potential quality of care or patient harm issue, verbally or in writing, are required to submit a written report through the Safety Center or to the Chief Quality and Safety Officer ("CQSO") or the CQSO's designee.~~
~~3. Upon receipt of a report of a potential compliance issue, the CCO or the CCO's designee shall make a preliminary, good faith inquiry into the allegations to ensure that he or she has obtained all of the information necessary to determine whether a further review should be conducted.~~
~~4. All individuals have the responsibility to report a potential compliance issue and shall not face retribution or retaliation for any report made in good faith. This includes acting as a whistleblower in accordance with the Federal False Claims Act or other law. In "good faith" means the reporter actually believes that the information reported is true. Any individual who engages in retaliation will be disciplined in accordance with Parkland's Talent Management Progressive Discipline policies and procedures.~~
~~5. Parkland will protect the identity of individuals who request anonymity to the extent allowed by law and necessary to protect the integrity of an investigation.~~
~~6. Parkland will follow all reasonable procedures to protect against any retaliation toward any employee or individual for exercising his/her rights or participating in any process pursuant to Parkland policies and/or applicable laws and regulations.~~
~~7. The above policy provisions notwithstanding, employees, vendors, contractors and business associates cannot exempt themselves from the consequences of their own~~

3. ~~3.~~ As explained in the Non-Retaliation Policy (SYS.COMP.006), Workforce members may not be discharged, demoted, suspended, threatened, intimidated, coerced, harassed, discriminated against or subjected to other retaliatory actions, including adverse personnel actions, for disclosing or reporting in Good Faith,— potential compliance ~~-~~issues.

PROCEDURE:

1. Identification and Reporting of Potential Compliance Issues

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A. Attachment A is a list of examples of potential compliance issues. This list is illustrative and not exhaustive. Any question regarding the identification of a potential compliance issue should be directed to the Compliance and Ethics Department or the Parkland Integrity Line, as appropriate.

B. Potential compliance issues may be reported via any of the following methods:

1) Through the individual's direct supervisor or the direct supervisor's manager;

2) Through another member of the management team;

3) Through the Office of Talent Management ("OTM") Employee Relations Advisor, Business Partner, or another member of the OTM Department;

4) Through a representative of the Compliance and Ethics Department by calling (214) 590-1171 or by sending an email to complianceandethics@phhs.org; or

5) Through the Parkland Integrity Line, a comprehensive and confidential means of reporting potential concerns and violations.

a) If an individual prefers to submit their concern anonymously, Parkland has partnered with a third-party vendor to provide a means of reporting potential concerns and violations, allowing for anonymous reporting via telephone or web-based portal. No attempts are made to identify a reporter's computer IP address or telephone number.

b) The Parkland Integrity Line includes a toll-free telephone line option which allows for "live" reporting, available 24 hours a day via English or Spanish-speaking operators. The telephone number is to report any potential compliance issues, questions, or to seek information about the application or interpretation of Parkland policies and procedures.

c) The toll-free telephone number for the Parkland Integrity Line is (800) 351- 0093.

d) The Integrity Line also offers an online, web-based reporting option. This option is also available 24 hours a day through the Parkland SharePoint Intranet homepage or a public Internet site available via the internet 24 hours a day.

e) The web address is www.parklandintegrityline.ethicspoint.com, or

6) If the question or concern pertains to quality of care or patient harm, employees must report the matter by submitting a report through the Safety

Center (linked on Parkland's intranet page) before the end of the employee's shift.

If the quality of care or patient harm matter is serious, promptly page the on-call Patient Safety and Risk Manager via the Smart Web On-Call Directory. To page the on-call Patient Safety and Risk Manager:

a) Click on the "On-Call" tab in the Smart Web Directory;

b) Then type in "Risk Management" in the Group Name field;

c) Click the "Risk Management and Patient Safety" link and the Risk Manager currently on call will be highlighted in green.

2. Communication of Compliance Reports

A. All Parkland Workforce Members receiving a report of a potential compliance issue, verbally or in writing, are required to notify the Compliance and Ethics Department of such report. Notification of the department may be provided directly to the Compliance and Ethics Department by telephone at (214) 590-1171, by submitting a written report to the Chief Compliance and Ethics Officer ("CCO"), or the CCO's designee, to another member of the Compliance and Ethics Department, or, alternatively, to report the issue through the Parkland Integrity Line.

3. Action on Reported Potential Compliance Issues

A. The Compliance and Ethics Department is responsible for ensuring that each reported potential compliance issue is assigned an identification number for tracking purposes and investigated.

B. The Compliance and Ethics Department evaluates all reports of potential compliance issues in accordance with Parkland's Internal Investigations Policy (SYS.COMP.018).

C. Closure of Compliance Issues

1) Before an issue may be considered closed, the investigation and resolution of the issue must be documented by the Compliance and Ethics Department.

2) Documentation may include evidence of refunds, corrective action plans, or other evidence demonstrating that the issue has been fully resolved. The

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Compliance and Ethics Department will ensure that the responsibility for corrective action was assigned as appropriate and corrective action taken as necessary.

4. Retention of Compliance Reports

A. Documentation of reported compliance issues will be maintained by the CCO or designee for a period consistent with Parkland's Records and Information Management Policy (SYS.LEG.007) and Records Retention Schedule (SYS.LEG.008).

5. Enforcement

A. All Workforce Members have the duty and responsibility to report a suspected or potential compliance issue. Anyone who fails to adhere to this procedure may be reported to the CCO and the Compliance and Ethics Department for appropriate disciplinary action pursuant to all applicable Parkland policies and procedures.

Commented [DB1]: There are several different retention dates in the policy depending on the content of the investigation. Recommend referencing the policy as range is from 3 years to 6 years.

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~~misconduct by reporting an issue, although self-reporting may be taken into account in determining the appropriate course of action.~~

~~8. Documentation regarding all reported compliance issues shall be maintained by the Parkland Compliance and Ethics Department.~~

DEFINITIONS:

An Abuse of Authority Relating to Federal or State Contracts or Grants: an exercise of authority that is inconsistent with the mission of the executive agency awarding the contract or grant or that obstructs the successful performance of the contract or grant.

Good Faith: means the reporter believes the information is true and reported without omission, including the extent of the reporter's own involvement, if applicable.

Officer: An Officer is an elected or appointed position as defined by the Parkland Health Bylaws of the Board of Managers or the bylaws of Parkland Affiliates.

Parkland Affiliates: Parkland Affiliates are the Parkland Center for Clinical Innovation, the Parkland Community Health Plan, the Parkland Auxiliary, and the Parkland Foundation.

Vendor: any manufacturer, distributor, contractor, business, supplier, or service organization; and their salespersons, representatives, or other persons who conduct business with Parkland, may seek to conduct business with Parkland, or compete with Parkland.

Workforce Member: An Officer, board member, employee, volunteer, member of the medical staff, contractor, vendor, trainee or other person whose conduct, in the performance of work for Parkland, is under the direct control of Parkland or a Parkland Affiliate, whether or not he or she is paid by Parkland or a Parkland Affiliate.

~~PROCEDURE:~~

~~1. Identification and Reporting of Potential Compliance Issues~~

~~A. Attachment A is a list of examples of potential compliance issues. This list is illustrative and not exhaustive. Any question regarding the identification of a potential compliance issue should be directed to the Compliance and Ethics Department or the Parkland Integrity Line, as appropriate.~~

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~~B. Potential compliance issues may be reported via any of the following methods:~~

~~1) Through the individual's direct supervisor or the direct supervisor's manager~~another member of management;

~~2) Through another member of the management team;~~

~~3) Through Office of Talent Management ("OTM") Employee Relations Advisor~~Business Partner ~~or other member of the OTM Department;~~

~~4) Through a representative of the Compliance and Ethics Department by calling (214) 590-1171 or sending an email to complianceandethics@phhs.org; or~~

~~5) If the question or concern pertains to quality of care or patient harm, employees must report the matter by submitting a report through the Safety Center (linked to Parkland's intranet page) before the end of the employee's shift. If the quality of care or patient harm matter is serious, promptly page the on-call Patient Safety and Risk Manager via the Smart Web On-Call Directory. To page the on-call Patient Safety and Risk Manager:~~

~~a)Click on the "On-Call" tab in the Smart Web Directory,~~

~~b)Then type in "Risk Management" in the Group Name field.~~

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~~c) Click the "Risk Management and Patient Safety" link and the Risk Manager currently on call will be highlighted in green; or~~

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~~a) If an individual prefers to submit their concern anonymously, Parkland has partnered with a third-party vendor to provide a comprehensive and confidential means of reporting potential concerns and violations.allow for anonymous reporting via telephone or web-based portal. No attempts are made to identify a reporter's computer IP address or telephone number.~~

~~b) The Parkland Integrity Line includes aThe toll-free telephone line option allows for "live" reporting available 224 hours a day via English or Spanish-speaking operators. The telephone number is to report any potential compliance issues or questions or to seek information about the application or interpretation of Parkland policies and procedures.~~

~~The toll-free telephone number for the Parkland Integrity Line is (800) 351-0093.~~

~~c) The Integrity Line also offers aonline web-based reporting option option is also available 24 hours a day through the Parkland SharePoint Intranet homepage or public Internet site at available via the internet 24 hours a day.~~

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~~d)~~

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~~3. Action on Compliance Issues~~

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~~A. The Compliance and Ethics Department is responsible for ensuring that each reported potential compliance issue is assigned an identification number for tracking purposes and investigated. The Compliance and Ethics Department will ensure that the responsibility for corrective action will be assigned as appropriate and corrective action taken as necessary.~~

~~4. Closure of Compliance Issues~~

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~~Documentation may include evidence of refunds, corrective action plans, or other evidence demonstrating that the issue has been fully resolved.~~

~~5. Retention of Compliance Reports~~

~~A. Documentation of reported compliance issues will be maintained by the CCO or designee for a period of ten (10) years. If the matter is the subject of litigation, document retention obligations may be longer.~~in accordance with Parkland's Records and Information Management Policy (SYS.LEG.007) and Records Retention Schedule (SYS.LEG.008).

~~6. Enforcement~~

~~A. All individuals~~ Workforce Members ~~have the~~ duty and ~~responsibility to report a suspected or~~ potential compliance issues. ~~Anyone who fails~~ Failure to adhere to this policy may be reported to the CCO and the Compliance and Ethics Department for appropriate result ~~disciplinary action pursuant to all applicable Parkland policies and procedures.~~

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~~DEFINITIONS:~~

~~Good Faith: means the reporter believes the information is true and reported without omission, including the extent of the reporter's own involvement, if applicable.~~

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~~Parkland Personnel: Board members; officers; employees; residents and physicians who are members of Parkland's Medical Staff; other non-physician practitioners; and contractors, subcontractors and agents who perform services or act on behalf of Parkland.~~

~~REFERENCES:~~

~~N/A~~

Attachment A

EXAMPLES OF REPORTABLE COMPLIANCE ISSUES

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- The submission of false, inaccurate, or questionable claims to Medicare, Medicaid, or any other payer. — Formatted: Indent: Hanging: 0.25"
- The provision or acceptance of payments, discounts, or gifts in exchange for referrals of patients (e.g., Stark Law or Anti-kickback Statute issues). — Formatted: Indent: Hanging: 0.25"
- Medical necessity issues.
- The provision of services to a patient the quality of which fails to meet professionally recognized standards of care. — Formatted: Indent: Hanging: 0.25"
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- Destruction of evidence during an investigation or related to actual or anticipated litigation.
- Suspected or actual breaches of patient privacy and security or identity theft.
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- An Abuse of Authority Relating to Federal or State Contracts or Grants.
- Issues regarding Ineligible Persons (OIG/GSA/State exclusion lists). This would include issues involving Parkland's use or employment of any individual or entity that:
  - is currently excluded, suspended, debarred or is otherwise ineligible to participate in Federal health care programs;
  - has been convicted of a criminal offense related to the provision of health care items or services but has not yet been excluded, debarred, or otherwise declared ineligible; or
  - is currently excluded on a state exclusion list.
- Compliance-related issues in clinical research (e.g., FDA-related issues, ethical violations).

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- Any ongoing investigation or legal proceeding conducted or brought by a governmental entity or its agents involving an allegation that a Parkland-affiliated facility or subsidiary has committed a crime or has engaged in fraudulent activity.
- Claim reviews conducted or brought by a governmental entity or its agents.
- Any request for copies of patient records for use in an investigation of an alleged compliance violation.
- Notice of audit or arrival of auditors from the OIG.
- Any unscheduled survey by any third-party agency for any reason.
- Failure to follow Parkland's policies and procedures.
- Retaliation for reporting compliance and ethics concerns.
- Any issue not listed in this section but believed to be a compliance issue.

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Reporting Obligations Policy	SYS.COMP.008	Published: 3/25/20
SYSTEM - Compliance and Ethics		Page **1** of **8**

PURPOSE:

The purpose of this compliance policy is to promote Parkland Health's adherence to applicable federal and state law, private payer healthcare requirements, and the Parkland Code of Conduct. This policy is designed to promote Parkland Health's practices against fraud, abuse, waste, and other potential liability areas and is also designed to foster an organizational culture that promotes prevention, detection, and resolution of conduct that does not conform to the law or Parkland Health's ethical and business policies; moreover, this policy articulates and demonstrates Parkland Health's commitment to legal and ethical standards.

SCOPE:

This policy applies to all Parkland Health and Parkland Affiliates (collectively for purposes of this Policy "Parkland") locations and Workforce Members.

POLICY

1. All Workforce Members have an affirmative duty and responsibility to report suspected or potential violations of the Code, Parkland's policies and procedures and applicable laws, rules or regulations pertaining to Federal or State health care programs, unlawful kickbacks, the Stark law or Federal or State contracts or grants.

2. Managers and Supervisors have a responsibility to create an environment and culture of compliance where concerns can be raised, openly discussed, and reported without fear.

3. As explained in the Non-Retaliation Policy (SYS.COMP.006), Workforce members may not be discharged, demoted, suspended, threatened, intimidated, coerced, harassed, discriminated against, or subjected to other retaliatory actions, including adverse personnel actions, for disclosing or reporting in Good Faith, potential compliance issues.

PROCEDURE:

1. Identification and Reporting of Potential Compliance Issues

   A. Attachment A is a list of examples of potential compliance issues. This list is illustrative and not exhaustive. Any question regarding the identification of a potential compliance issue should be directed to the Compliance and Ethics Department or the Parkland Integrity Line, as appropriate.

   B. Potential compliance issues may be reported via any of the following methods:

      1) Through the individual's direct supervisor or the direct supervisor's manager;

      2) Through another member of the management team;

      3) Through the Office of Talent Management ("OTM") Employee Relations Advisor, Business Partner, or another member of the OTM Department;

      4) Through a representative of the Compliance and Ethics Department by calling (214) 590-1171 or by sending an email to complianceandethics@phhs.org; or

      5) Through the Parkland Integrity Line, a comprehensive and confidential means of reporting potential concerns and violations.

         a) If an individual prefers to submit their concern anonymously, Parkland has partnered with a third-party vendor to provide a means of reporting potential concerns and violations, allowing for anonymous reporting via telephone or web-based portal. No attempts are made to identify a reporter's computer IP address or telephone number.

         b) The Parkland Integrity Line includes a toll-free telephone line option which allows for "live" reporting, available 24 hours a day via English or Spanish-speaking operators. The telephone number is to report any potential compliance issues, questions, or to seek information about the application or interpretation of Parkland policies and procedures.

         c) The toll-free telephone number for the Parkland Integrity Line is (800) 351- 0093.

         d) The Integrity Line also offers an online, web-based reporting option. This option is also available 24 hours a day through the Parkland SharePoint Intranet homepage or a public Internet site available via the internet 24 hours a day.

e) The web address is www.parklandintegrityline.ethicspoint.com, or

6) If the question or concern pertains to quality of care or patient harm, employees must report the matter by submitting a report through the Safety Center (linked on Parkland's intranet page) before the end of the employee's shift.

If the quality of care or patient harm matter is serious, promptly page the on-call Patient Safety and Risk Manager via the Smart Web On-Call Directory. To page the on-call Patient Safety and Risk Manager:

a) Click on the "On-Call" tab in the Smart Web Directory;

b) Then type in "Risk Management" in the Group Name field;

c) Click the "Risk Management and Patient Safety" link and the Risk Manager currently on call will be highlighted in green.

2. Communication of Compliance Reports

A. All Parkland Workforce Members receiving a report of a potential compliance issue, verbally or in writing, are required to notify the Compliance and Ethics Department of such report. Notification of the department may be provided directly to the Compliance and Ethics Department by telephone at (214) 590-1171, by submitting a written report to the Chief Compliance and Ethics Officer ("CCO"), or the CCO's designee, to another member of the Compliance and Ethics Department, or, alternatively, to report the issue through the Parkland Integrity Line.

3. Action on Reported Potential Compliance Issues

A. The Compliance and Ethics Department is responsible for ensuring that each reported potential compliance issue is assigned an identification number for tracking purposes and investigated.

B. The Compliance and Ethics Department evaluates all reports of potential compliance issues in accordance with Parkland's Internal Investigations Policy (SYS.COMP.018).

C. Closure of Compliance Issues

1) Before an issue may be considered closed, the investigation and resolution of the issue must be documented by the Compliance and Ethics Department.

2) Documentation may include evidence of refunds, corrective action plans, or other evidence demonstrating that the issue has been fully resolved. The Compliance and Ethics Department will ensure that the responsibility for corrective action was assigned as appropriate and corrective action taken as necessary.

4. Retention of Compliance Reports

A. Documentation of reported compliance issues will be maintained by the CCO or designee for a period consistent with Parkland's Records and Information Management Policy (SYS.LEG.007) and Records Retention Schedule (SYS.LEG.008).

5. Enforcement

A. All Workforce Members have the duty and responsibility to report a suspected or potential compliance issue. Anyone who fails to adhere to this procedure may be reported to the CCO and the Compliance and Ethics Department for appropriate disciplinary action pursuant to all applicable Parkland policies and procedures.

DEFINITIONS:

An Abuse of Authority Relating to Federal or State Contracts or Grants: an exercise of authority that is inconsistent with the mission of the executive agency awarding the contract or grant or that obstructs the successful performance of the contract or grant.

Good Faith: means the reporter believes the information is true and reported without omission, including the extent of the reporter's own involvement, if applicable.

Officer: An Officer is an elected or appointed position as defined by the Parkland Health Bylaws of the Board of Managers or the bylaws of Parkland Affiliates.

Parkland Affiliates: Parkland Affiliates are the Parkland Center for Clinical Innovation, the Parkland Community Health Plan, the Parkland Auxiliary, and the Parkland Foundation.

Vendor: any manufacturer, distributor, contractor, business, supplier, or service organization; and their salespersons, representatives, or other persons who conduct business with Parkland, may seek to conduct business with Parkland, or compete with Parkland.

Workforce Member: An Officer, board member, employee, volunteer, member of the medical staff, contractor, vendor, trainee, or other person whose conduct, in the performance of work for Parkland, is under the direct control of Parkland or a Parkland Affiliate, whether or not he or she is paid by Parkland or a Parkland Affiliate.

Attachment A

EXAMPLES OF REPORTABLE COMPLIANCE ISSUES

This list contains examples of high-level categories of potential reportable compliance issues and is by no means exhaustive. If you have any questions regarding whether an issue is reportable, please contact the Compliance and Ethics Department or the Parkland Integrity Line.

- Improper billing or coding of patient accounts; inappropriate charging/billing (includes all elements of charge selection through claim submission); and inappropriate charge code selection.
- The submission of false, inaccurate, or questionable claims to Medicare, Medicaid, or any other payer.
- The provision or acceptance of payments, discounts, or gifts in exchange for referrals of patients (e.g., Stark Law or Anti-kickback Statute issues).
- Medical necessity issues.
- The provision of services to a patient, the quality of which fails to meet professionally recognized standards of care.
- Specialty programs issues (e.g., inappropriate billing of hyperbaric oxygen therapy or inappropriate advertising of specialty program services).
- Cost reporting issues.
- Falsification or inappropriate alteration of documentation.
- Potential violations of the patient inducement guidelines (i.e., offering patients any improper remuneration to order or receive items or services from a particular provider that are likely to influence the patient's choice of provider). Remuneration is defined as anything of value, including waivers of co-payments and deductible amounts, in full or in part, and transfers of items or services for free or for less than fair market value.

- Destruction of evidence during an investigation or related to actual or anticipated litigation.
- Suspected or actual breaches of patient privacy and security or identity theft.
- Situations that could raise conflict of interest concerns.
- EMTALA (Emergency Medical Treatment and Active Labor Act) issues.
- Drug diversion (illegal sale or redistribution of drugs) or other potential controlled substance incidents. This includes issues involving DEA or state-controlled substance violations related to the theft or loss of controlled substances; unauthorized use of a facility's or practitioner's DEA number or state required controlled substance registration number; or unauthorized use of a facility's or practitioner's prescription pad.
- Potential regulatory issues involving licensure, registration, or certification. This includes issues involving Federal, state, local or payor-mandated licensure, registration, and certification requirements of individuals or health care related equipment; or individuals providing services outside their scope of practice or without being appropriately licensed, registered, or certified.
- An Abuse of Authority Relating to Federal or State Contracts or Grants.
- Issues regarding Ineligible Persons (OIG/GSA/State exclusion lists). This would include issues involving Parkland's use or employment of any individual or entity that:
    - is currently excluded, suspended, debarred or is otherwise ineligible to participate in Federal health care programs;
    - has been convicted of a criminal offense related to the provision of health care items or services but has not yet been excluded, debarred, or otherwise declared ineligible; or
    - is currently excluded on a state exclusion list.
- Compliance-related issues in clinical research (e.g., FDA-related issues, ethical violations).

- Any ongoing investigation or legal proceeding conducted or brought by a governmental entity or its agents involving an allegation that a Parkland-affiliated facility or subsidiary has committed a crime or has engaged in fraudulent activity.
- Claim reviews conducted or brought by a governmental entity or its agents.
- Any request for copies of patient records for use in an investigation of an alleged compliance violation.
- Notice of audit or arrival of auditors from the OIG (Office of Inspector General).
- Any unscheduled survey by any third-party agency for any reason.
- Failure to follow Parkland's policies and procedures.
- Retaliation for reporting compliance and ethics concerns.
- Any issue not listed in this section but believed to be a compliance issue.

Parkland

Approve SYS.COMP.009 – Vendor Gifts, Gratuities and Business Courtesies

Recommended for approval at May 4th GCEC

SYS.COMP.009 Vendor Gifts, Gratuities and Business Courtesies

Background:

- Last published March 2020.
- Recommended changes include:
  - Updated Scope & Purpose to new standard language of applicability
  - Consolidated policy language to focus on non-retaliation
  - Expanded Preamble
  - Added new operational flow charts to assist in decision-making
  - Added new section on gifts from a Referral Source, Complimentary or Free Continuing Education Units and Charitable Raffles and similar events
  - Revised information on Honoraria, Solicitation for Charitable Purposes and Charitable Donations from Vendors
  - Revised procedures for granting policy exceptions
  - Enhanced definitions section to include new definitions of "Officer, Parkland Affiliates, Professional Society, Referral Source and Workforce Member."

Vendor Gifts, Gratuities, and Business Courtesies	SYS.COMP.009	Published: 3/25/20
SYSTEM – Compliance and Ethics		Page 1 of 22

PURPOSE:

The purpose of this compliance policy is to promote Parkland Health's adherence to applicable federal and state law, private payer healthcare requirements, and the Parkland Code of Conduct. This policy is designed to promote Parkland Health's practices against fraud, abuse, waste, and other potential liability areas and is also designed to foster an organizational culture that promotes prevention, detection, and resolution of conduct that does not conform to the law or Parkland Health's ethical and business policies; moreover, this policy articulates and demonstrates Parkland Health's commitment to legal and ethical standards.

~~The purpose of this policy is to communicate standards regarding the acceptance of gift~~Gifts, ~~gratuities, and business courtesies (e.g., meals, travel, and entertainment); and to make known the prohibition regarding Vendor endorsements.~~

SCOPE:

This Policy applies to all Parkland Health & Hospital System and Parkland Affiliate~~s.~~ (collectively for purposes of this Policy "Parkland") locations, and Workforce Members.

~~All Parkland Health & Hospital System ("Parkland") employees, all residents and physicians who are members of Parkland's Medical Staff, all members of Parkland's Board of Managers, and all contractors, subcontractors, and agents who perform services or act on behalf of Parkland.~~

POLICY:

1. Preamble

   Parkland is committed to carrying out its relationships and interactions with Vendors in a transparent manner that reflects integrity and complies with all applicable laws, rules, and regulations regarding acceptance of Vendor Gifts, Gratuities, and business courtesies.

   Relationships and transaction~~s~~ between healthcare institutions and vendors and/or industry are complex. Often Workforce Members may be offered "free" goods, Gifts, benefits, and/or Honoraria, or travel expenses for participating in certain activities,

actions, or projects. Many such benefits serve an important purpose. However, proposed Gifts or benefits may violate the federal Anti-Kickback statute, federal anti-referral laws, and similar state laws or run counter to traditional ethical norms. Most of these laws impose considerable fines and penalties, including imprisonment.

In general, Workforce Members and Family Members ~~and Family Members~~ may not accept a Gift or benefit that (1) might reasonably tend to influence or be perceived as influencing his/her decision-making regarding purchases, contracts, or any other official duty; (2) he/she know or should know is being offered with the intent to influence ~~his/her~~ the decision of ~~Parkland Personnel~~Workforce Members; (3) induces ~~the individual to Parkland Personnel~~Workforce Members to disclose confidential information or a Family Member to disclose confidential information obtained from ~~Parkland Personnel~~Workforce Members; (4) induces ~~the individual Parkland Personnel~~Workforce Members to use his/her official powers or duties in favor of another. Additionally, a Gift or benefit may be considered improper if it is made to a person in a position to generate business for the paying party, i~~e~~f the payment is related to the volume of business generated, if the payment is more than nominal in value and/or exceeds fair market value of any legitimate service rendered to the payer, or if the payment is unrelated to any service at all other than the referral of patients.

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A. Regulatory Considerations

1) The Parkland Code of Conduct and Ethics ~~Dallas County Code of Ordinances~~ prohibits employees of the Dallas County Hospital District from accepting any Individual Gratuity from a person, organization, or business that provides products or services (currently or prospectively) to Parkland.

2) Federal and state anti-kickback statutes prohibit the acceptance of any item of value (directly or indirectly), in cash or in kind, that may induce (actually or apparently) the purchase or referral of any kind of health care goods, services, or items reimbursed by a federal or state health care program (e.g. Medicare, Medicaid).

B. Family Members

1) The outside interests of Family Members are treated as though they involve the Individual directly insofar as the Workforce Member is aware of the Family Member's outside interest.

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2. Vendor Relationships

A. ~~Individuals Parkland Personnel~~Workforce Members must maintain ethical and compliant interactions with Vendors at all times.

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B. This Policy does not and cannot address every conceivable situation that will occur regarding Individual relationships with Vendors. Questions regarding ~~unique~~ circumstances not specifically addressed in this policy but that might cause a reasonable person to believe a transaction was illegal or unethical should be directed to the ~~Individual's Parkland Personnel~~Workforce Member's supervisor or to Parkland's Chief Compliance and Ethics Officer.

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C. Appropriate Vendor relationships can be cultivated by following these principles:

1) Manage Vendor relationships so as to prevent undue Vendor influence (actual or apparent) over the conduct of research, practice of medicine, treatment of patients, or contracting of products or services;

2) Avoid Parkland endorsement (actual or apparent) of any product, service, manufacturer, distributor, contractor, business, supplier, or service organization;

3) Maintain control over the content of educational curriculum, and all presentation materials;

4) Recuse one's self from making decisions that result in personal or a Family Member's gain or loss;

5) Do not accept any item of value from a Vendor (current or prospective) that is seeking or might seek something from Parkland (e.g. a contract, work order, services agreement, etc.) except to the extent permitted by this policy or in consultation with the Compliance and Ethics Department.

3. Vendor Endorsements

A. Parkland will not endorse or promote a Vendor, or their products or services, to patients, employees, or business associates.

B. Vendors are not allowed to display or promote their products on Parkland property or at a Parkland sponsored function, except when shown in conjunction with an evaluation of products or services where a Request for Information/Proposal is being evaluated.

C. A Vendor's logo may not appear on any materials used in connection with a Parkland sponsored event (including community educational events).

D. The appearance of Parkland's name or logo on a Vendor published client list is not considered to be an endorsement.

4. Integrity in Vendor Relations and Decision Making

A. Parkland interactions with Vendors are to be conducted so as to remove bias and undue influence in the decision making process.

B. Under no circumstances may an Individual solicit or accept any Gift, Gratuity, meal, travel, or entertainment in exchange for promoting, recommending, purchasing, or leasing products or services.

C. ~~Individuals~~ ~~Parkland Personnel~~Workforce Members may not recommend, evaluate, vote for, or promote the acquisition or lease of any product or service when the ~~Individual~~ ~~Parkland Personnel~~Workforce Members has a Financial Interest, business or familial relationship, or participates in Outside Activities beyond a casual acquaintance and that creates a Conflict of Interest with the Vendor, person, business, or organization with whom Parkland business is being considered or conducted.

D. Exception

1) If ~~an Individual~~ ~~Parkland Personnel~~Workforce Members ~~has~~ have unique expertise (e.g. clinical, technical, or business) that cannot be provided by another third party, then at the discretion of Parkland, ~~the Individual~~ they may be invited to share expert knowledge, provided that:

a) All meeting participants are informed regarding the nature of ~~Individual's~~ their Conflict of Interest in advance of the Individual's participation;

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b) After sharing input, the ~~Individual~~ affected ~~Parkland Personnel~~Workforce Member recuses himself or herself from the remainder of the discussion and deliberations; and does not vote nor exercise any influence regarding the Parkland decision; and

c) Meeting minutes reflect the nature of the ~~Individual's~~ affected ~~Parkland Personnel~~Workforce Member's Conflict of Interest, describe the uniqueness of the Individual's expertise, summarize the specific input given, and document the Individual's act of recusal.

2) Attachment Flow Charts

a) Attachment A – Cash or Cash Equivalents

b) Attachment B – Clothing and Accessories

c) Attachment C – Consumable Goods

d) Attachment D – Rental Property

e) Attachment E – Continuing Education Units

~~c)~~

5. Vendor Gifts

A. Permitted Vendor Gifts

1) On an infrequent basis, ~~Individuals Parkland Personnel~~Workforce Members may accept Vendor promotional items that are of nominal value (e.g., coffee mugs, pens, notepaper). In order to avoid inadvertent endorsement of a Vendor's products or services, ~~Individuals Parkland Personnel~~Workforce Members ~~are to~~ should refrain from displaying these promotional items in areas that are accessible to patients or their family members.

2) Perishable or consumable Gifts, of modest value, as normally given during the holiday season, may only be accepted from a Vendor by ~~Parkland Personnel~~Workforce Members or a Family Member if ~~they are~~ the Gifts are shared amongst members of the ~~Individual's Parkland Personnel~~Workforce Member's department.

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3) Gift(s) for which the aggregate value of all permissible Gifts ~~Parkland Personnel~~Workforce Members or a Family Member received from a Vendor, in the past twelve-month period, is less than $50.

B. Prohibited Vendor Gifts

~~Individuals Parkland Personnel~~Workforce Members and Family Members are prohibited from accepting;

1) Vendor Gifts of cash or cash equivalents of any amount. This includes gift cards and gift certificates other than those that are only redeemable for a particular product of nominal value (e.g., a gift certificate for a free sandwich);

2) Any Gift from a source to which Parkland refers patients or accepts patient referrals from;

3) Any Gift(s) given in exchange for ~~Parkland Personnel~~Workforce Members listening to a sales talk or similar presentation by a Vendor;

4) Free samples, supplies, or equipment from Vendors designated for ~~i~~individual use; and/or

5) Any Gift(s) for which the aggregate value of all ~~gift~~Gifts received from a specific Vendor in the past twelve-month period exceeds $50, including a prize or award from a competition or random drawing at a conference.

C. Remedies for Receipt of Unsolicited Gifts

1) If ~~an Individual~~~~Parkland Personnel~~Workforce Members or a Family Member receives a Gift that is prohibited or exceeds the thresholds set herein, the situation can be remedied by taking one of these actions:

   a) Return the Gift to the Vendor; or

   b) Remit payment to the Vendor for the face value or fair market value of the Gift.

2) In the event a remedy is exercised, ~~the Individual~~ the affected ~~Parkland Personnel~~Workforce Members must promptly make a record of the

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circumstances, including the value of the Gift, and update their Disclosure Statement to report this interaction.

6. Gifts to Workforce Members from a Referral Source

A. Permitted Gifts from a Referral Source

1) On an infrequent basis, Workforce Members may accept Referral Source items that are of nominal value (e.g., coffee mugs, pens, notepaper).

2) Perishable or consumable Gifts, of modest value, as normally given during the holiday season or in recognition of a specific professional awareness promotional event (e.g., Breast Cancer Awareness Week), may only be accepted from a Referral Source by Workforce Members or a Family Member if the Gifts are shared amongst members of the Workforce Member's department.

3) Gift(s) for which the aggregate value of all permissible Gifts Workforce Members or a Family Member received from a Referral Source, in the past twelve-month period, is less than $50.

B. Prohibited Referral Source Gifts

1) Referral Source Gifts of cash or cash equivalents of any amount. This includes gift cards and gift certificates other than those that are only redeemable for a particular product of nominal value (e.g., a gift certificate for a free sandwich);

~~6.~~7. Business Entertainment

A. Permitted Business Entertainment

1) ~~Parkland Personnel~~Workforce Members and Family Members may not accept Vendor sponsored entertainment invitations ~~must never be accepted~~ in exchange for promoting, recommending, purchasing or leasing Vendor products or services at Parkland.

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2) ~~Individuals Parkland Personnel~~Workforce Members ~~m~~may accept invitations to Vendor sponsored entertainment events when the purpose is for the furtherance of Parkland's mission and business objectives; and

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3) The location is not ~~extravagant~~extravagant, and the aggregate costs related to the event does not exceed $150 per person; and

4) The invitation is for an event at which the Vendor host is present and Parkland business is discussed; and

5) Acceptance of such an invitation does not occur more than once during any twelve-month period; and

6) The invitation is not extended to a Family Member, provided that a single Family Member may accompany ~~Parkland Personnel~~Workforce Members to an event that otherwise meets the requirements of this section if attendance by Family Member is necessary for ~~Parkland Personnel~~Workforce Member's attendance (*e.g.*, in the case of a Family Member who provides personal care or other assistance because of a disability) or is otherwise reasonable and customary in light of the nature of the event; and

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7) The Individual or Family Member does not accept any Vendor paid travel or hotel accommodations.

B. Prohibited Vendor Sponsored Entertainment

1) Individuals may not accept invitations that are purely social in nature or when the Vendor host is not present at the event.

2) Individuals are prohibited from accepting Vendor sponsorship for departmental social gatherings (e.g., a holiday party or department dinner) regardless of location (e.g., a Parkland facility, an external location, or an Individual's residence).

~~2)~~3) Personal Gifts and Gifts to attend entertainment events, sporting events, all-expense-paid trips to vacation resorts, and other similar activities serve no educational or business purpose and are thus prohibited.

~~7.~~8. Business Meals

A. Permitted Business Meals

1) ~~Individuals Parkland Personnel~~Workforce Members and Family Members may accept an occasional and infrequent meal from a Vendor if:

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a) The Vendor host is ~~present~~present, and the meal is provided in conjunction with a business presentation or discussion; and

b) The predominant focus of the meeting is Parkland/Vendor business; and

c) The meal is of modest value; and

d) The meeting occurs in a setting that is conducive to the discussion of business.

2) If business meals with a Vendor occur on a frequent basis, the parties should each pay for their own meal. Individuals may submit a request for reimbursement of business meals when the expense is allowed under the "Business Expense and Reimbursement Authorization Policy," and is appropriately authorized.

B. Prohibited Business Meals

1) Individuals may not accept any meal sent from a Vendor to departments or staff members. This is unrelated to the permissible, shared, perishable, consumable Gifts as referenced in section 5.A. above.

C. Exception - Business Meals

1) ~~Individuals~~ ~~Parkland Personnel~~Workforce Members may accept meals or food items at a ~~professional society~~Professional Society event that includes attendance from a broad spectrum of participants (e.g., user group meetings or conferences) where a Vendor has sponsored the meal.

2) Food items/meals that do not exceed $30 per person should be directed to the Employment Experience Department. The Employment Experience Department will arrange for the acceptance and appropriate distribution of food items.

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~~8.~~9. Travel Sponsored by Professional Societies

A. Permitted

1) Professional Ssocieties may provide payment or reimbursement for travel, hotel accommodations and/or conference fees to ~~Individuals~~ ~~Parkland Personnel~~Workforce Members who make a presentation, serve on a panel, or otherwise make significant contribution of professional, scientific, or academic merit.

   a) Any such arrangements should be detailed in writing, and participation must be approved in advance by the Individual's manager.

   b) Individuals are to reimburse Parkland concerning any sponsored travel, hotel, or waiver of conference fees that Parkland paid on behalf of the Individual.

B. Prohibited

1) ~~Individuals~~ ~~Parkland Personnel~~Workforce Members and Family Members may not accept payment or reimbursement for attendance at, or travel in connection with, conferences and meetings during which ~~they~~ ~~Parkland Personnel~~Workforce Members did not make a presentation, serve on a panel, or otherwise ~~did not~~ make a significant contribution of professional, scientific, or academic merit. This restriction does not apply to a Family Member who attends such a conference for a reason unrelated to ~~Parkland Personnel~~Workforce Member's relationship to Parkland (e.g., if Family Member attends the conference because of his or her independent professional activities).

~~9.~~10. Vendor Paid Travel

A. Permitted

1) Vendors may provide payment or reimbursement for travel and hotel accommodations when such accommodations are necessary and explicitly stipulated as part of an executed contract with Parkland; such provisions may not be extended to a Family Member.

B. Prohibited

1) ~~Individuals~~ Parkland ~~Personnel~~Workforce Members and Family Members may not accept payment or reimbursement from a Vendor to attend a site

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review or customer show case for the purposes of evaluating a product or service.

2) ~~Individuals~~ ~~Parkland Personnel~~Workforce Members and Family Members may not accept payment or reimbursement from a Vendor for any purpose (including educational) when the payment or reimbursement is not a negotiated consideration in an executed contractual arrangement or as otherwise allowed by this policy.~~.~~

C. Exception

1) Vendors may provide payment or reimbursement for travel and hotel accommodations to attend sponsored research protocol training or meetings that are provided in accordance with Parkland Research Policies.

11. Complimentary or "Free" Continuing Education Units"

A. Complimentary CEUs may be accepted from a Vendor that is a professional association or organization if the Workforce Member~~s~~ is a member of the organization. The "free" training is considered part of the membership dues or fees.

B. "Free" CEUs may be accepted from a Vendor only if the education is offered to the public or to all health care workers and not just limited to Parkland.

C. "Free" educational presentations may not be accepted if the purpose of the education program is to market the Vendor's product.

12. Gifts from Vendors for Prescribing or Marketing of Products

A. Strictly prohibited and a violation of the Anti-Kickback statute.

~~10.~~ Gifts from Vendors to ~~Parkland Personnel~~Workforce Members or Family Members for Marketing of Products are not permissible if the Gift is offered in exchange for performing marketing tasks in the course of practicing medicine, providing research and development services or as a result of a Workforce Member's specific position at Parkland (e.g. accepting money or Gifts from a vendor to complete evaluation forms on a company's product.).

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13. Honoraria

~~11. Honoraria~~

~~Individuals Parkland Personnel~~Workforce Members ~~Individuals~~ may accept an Honorarium (see definition of Honorarium) ~~from an academic entity, federal or state agency, professional service organization, non-profit organization, (other than a non-profit organization directly or indirectly formed or controlled by a pharmaceutical or medical device company), foundation, or other similar entity outside of Parkland for service by the Workforce Member to that entity, a speaking engagement, or other public appearance beyond the Workforce Member's normal responsibilities to Parkland so long as the activity pertains to the Workforce Member's professional specialty or expertise.~~

A. Accepting an Honorarium is not permitted~~; however,~~ if the services would not have been requested but for the Workforce Member's official position or duties or when the Honorarium is offered in lieu of a benefit that would otherwise be prohibited.

1) For example, a Workforce Member may not accept a Gift or payment for giving a speech if the Workforce Member would not have been asked to provide the speech but for the Workforce Member's specific position at Parkland.

2) Similarly, a physician may accept an Honorarium (if otherwise consistent with this policy) for a speech he/she was invited to give because of his/her expertise in a particular clinical specialty, but may not accept the Honorarium if he/she was selected to speak on the topic over other similarly-qualified speakers because he/she holds a prominent position as chief of the relevant service at Parkland.

B. Even if an Honorarium would otherwise be prohibited, a Workforce Member may still be reimbursed for reasonable transportation, lodging, and meal expenses incurred during his/her active participation in a conference or seminar as long as the Workforce Member's services provided are more than merely perfunctory or superficial. Also, a Workforce Member may accept a Gift of very minimal value, such as a plaque or coffee cup.

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C. If ~~an individual Parkland Personnel~~a Workforce Member is asked to present at a conference/seminar and is paid a permissible Honorarium, the Honorarium may be retained by the Workforce Member provided that:

1) The reasonable travel expenses were paid or reimbursed by an individual or entity other than Parkland, and~~; and~~

~~A.~~ 2) ~~the activity~~The Honorarium ~~that is~~ was ~~given in recognition~~ because of the Individual's contributions to a non-Vendor hosted event (e.g., a national conference, a not-for-profit organization (not formed or controlled directly or indirectly by a pharmaceutical or medical device company), or a ~~professional society~~Professional Society).

~~B.~~D. If in any event, the ~~Individual's Parkland Personnel~~Workforce Member's preparation and contributions to the non-Vendor hosted event were made on Parkland paid time, then the payment of an Honorarium should be remitted to Parkland and applied as an offset to the Workforce Member's ~~Individual's~~ home department salary account.

~~12.~~14. Parkland Solicitation for Charitable Purposes

A. The Parkland Foundation is the sole organization charged with soliciting philanthropic gifts on behalf of Parkland, except as otherwise provided in SYS.HR.004 Solicitation Policy.

~~A.~~B. Solicitation and acceptance of charitable contributions by the Parkland Foundation ("Foundation") are governed by the Foundation's policies and procedures. Individuals employed or directed by the Foundation may solicit or accept donations from Vendors in accordance with Foundation policies.

~~B.~~C. The Foundation shall reject any contribution from a Vendor when it is believed to inure to the benefit of any ~~Individual~~~~Parkland Personnel~~Workforce Member or Family Member; is designated for reimbursement or payment of specific ~~Individual's Parkland Personnel~~Workforce Member's or Family Member's travel, meals, entertainment, or education expenses; or is designated for a specific Parkland department operating expenses or capital expenditures irrespective of the Parkland Foundation's Gift Acceptance Policy and the Designated Gift procedures.~~.~~

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~~C.~~D. This provision does not preclude the Foundation from using Vendor donated funds to pay for its own administrative or operating expenses.

~~D.~~E. When the Parkland Foundation is chairing or co-chairing a fundraising event, ~~Individuals Parkland Personnel~~Workforce Members and Family Members may accept invitations regarding the event from Vendors who are sponsoring a table or providing other support to the event.

~~E.~~F. When a charity (not-for-profit) organization organizes a fundraising event that is not associated with the Parkland Foundation, ~~Individuals Parkland Personnel~~Workforce Members and Family Members may participate, representing themselves, on their own time, without using any Parkland resources.

~~F.~~G. ~~Individuals Parkland Personnel~~Workforce Members who receive an invitation from a Vendor to participate in a Vendor supported or sponsored charity event may accept the invitation without regard for the value of the Vendor's contribution to the charity, or the value of attending the event for the Workforce Member provided that:

1) The invitation is not offered in exchange for promoting, recommending, purchasing or leasing products or services.

2) The event is not primarily dedicated ~~does not~~to promoting~~e~~ a religious, political, or legislative agenda.

3) The purposes of the charity event are compatible with Parkland's mission, vision, and values.

4) Attendance is approved in advance by the ~~Individual's Parkland Personnel~~Workforce Member's manager.

5) Any Gifts, awards, or winnings received in association with the event are to be within the limits set forth and managed in accordance with this Policy, Section 5 - Vendor Gifts. The dollar limit of $50 for non-cash Gifts does not apply to tickets or value of admission to the sponsored event.

6) The invitation is not extended to a Family Member, provided that a single Family Member may accompany ~~Parkland Personnel~~Workforce Member to an event that otherwise meets the requirements of this section if attendance by

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Family Member is necessary for ~~Parkland Personnel~~Workforce Member's attendance (*e.g.*, in the case of a Family Member who provides personal care or other assistance because of a disability) or is otherwise reasonable and customary in light of the nature of the event.

~~6)~~ 15. ~~The invitation is not extended to a family member~~

Charitable Donations from Vendors

~~13.~~

A. Vendor donations, grants or contributions are to be directed to the Parkland Foundation and must comply with the Foundation's policies. Charitable donations shall not involve Parkland department level ~~personnel~~ Workforce Members or vendor sales or marketing representatives.

B. Charitable donations, grants and contributions must be philanthropic in nature with no expectation of anything in return.

C. Parkland will not predicate the awarding of business contracts on donation or contributions made to Parkland, its controlled affiliates, or supporting charitable organizations.

D. Parkland will not endorse a Vendor in exchange for a charitable contribution, donation, grant, or other support.

E. ~~Individuals Parkland Personnel~~Workforce Members are prohibited from soliciting and accepting any donation or charitable contribution on behalf of the Parkland Foundation. Only Parkland Foundation ~~personnel~~Workforce Members or the Parkland Chief Executive Officer may solicit or accept a charitable donation to the Foundation.

F. If a Vendor informs ~~an Individual Parkland Personnel~~Workforce Members of the desire to make a donation, the Individual may suggest that the Vendor contact the Foundation to discuss Gift giving opportunities. ~~Individuals Parkland Personnel~~Workforce Members and Family Members may not direct Vendors to make donations to the Foundation as a method of circumventing the restrictions set forth in this Policy.

~~F.~~G. The Foundation does not accept cash or cash equivalent, i.e., gift cards, that are designated to be distributed to Parkland employees.

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~~14.~~16. Vendor Support for Educational Events Sponsored or Hosted by Parkland

A. ~~Individuals Parkland Personnel~~Workforce Members may not solicit or accept donations from Vendors to support education events administered or co-sponsored by Parkland; however, Vendors may, if they offer to do so of their volition, with no intention of influencing, inducing or rewarding the Workforce Member's~~Individual's~~ recommendation or decision to purchase any of the Vendor's products or services, offer to provide financial support for educational activities. In the event that a vendor makes such intentions known, then the Individual may refer them to the Parkland Foundation as set forth above in section. ~~14~~2.~~E.~~

B. Vendors may not, in any way, control the content of the educational material, presentations, educational methods or evaluation of the activity.

C. Vendors may not select, provide, ~~control~~control, or have the ability to influence the speakers or educators; and may not serve as speakers and educators.

D. Vendors may not display or promote their products or services, or distribute information concerning their products or services. Products and services may not be branded or co-branded for distribution purposes.

E. Vendors may not provide any Gifts to participants, ~~attendees~~attendees, or event administrators before, during or after the event.

F. ~~Individuals Parkland Personnel~~Workforce Members and Family Members may attend Vendor sponsored public training or public educational events, but ~~an Individual~~ may not accept payment or reimbursement from the Vendor for any travel related expenses, including overnight lodging, or fees, stipends, or honorariums for participating in the event. If registration fees are charged to the public for attendance at such events, Parkland will pay these fees when approved in accordance with Parkland's Expense and Reimbursement Policy. These restrictions do not apply to non-Vendor sponsored trade or professional association events.

15. Charitable Raffles and Casino/Poker Nights

A. Raffles

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1) Raffles are generally prohibited pursuant to the Texas Charitable Raffle Enabling Act.

2) A Parkland organization would be required to meet the definition of a "qualified organization" before a raffle could be organized. Permission is required from the Parkland Legal Affairs Department and the Chief Executive Officer prior to a raffle being permitted.

B. Casino Nights

1) Chapter 47 of the Texas Penal Code prohibits gambling in any form.

2) There is no exception to the gambling law in Texas for nonprofits to hold poker or casino night fundraising events.

16. Policy Exceptions

~~Chief Executive Officer~~

~~From time to time, the CEO may determine that it is appropriate and in the best interest of Parkland for another Workforce Member to represent Parkland at an event where attendance would otherwise be prohibited by this policy. Provided that such attendance would not violate applicable law, the CEO may, with approval of the Chief Compliance & Ethics Officer and General Counsel (or in their absence, their designee(s)) appoint a Parkland employee to attend (with a Family Member, if Family Member attendance would otherwise be permitted by this policy)~~

~~Exceptions Unrelated to the Chief Executive Officer~~

A. Exceptions to this policy may be granted in limited circumstances following review by the Chief Compliance and Ethics Officer in consultation and unanimous consensus with no less than two other Chief-level leaders, such as the Chief Talent Officer, Chief Executive Officer and/or General Counsel. The purpose of the three-party review process is to ensure that any exception granted is for the benefit of Parkland and does not compromise Parkland's commitment to carrying out its community relationships and business interactions ~~with Vendors~~ in a transparent manner that reflects integrity and complies with all applicable laws, rules, and regulations regarding acceptance of Vendor Gifts, Gratuities, and business courtesies.

~~15.~~17. Enforcement

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A. The Parkland Compliance and Ethics Department shall oversee compliance with this Policy and report any instances of non-compliance to the Executive Compliance Committee, or a Subcommittee thereof, and the Board of Managers Governance, Compliance, and Ethics Committee, as appropriate.

B. If any person has reasonable cause to believe that an Individual has inappropriately accepted Gifts, Gratuities, Meals, Travel or Entertainment, that person shall promptly inform the Compliance and Ethics Department of the basis for such belief. A person may also raise a concern through the Parkland Integrity Line (1-800-351-0093) or online at ParklandIntegrityLine.Ethicspoint.com.

C. A member of the Compliance and Ethics Department shall investigate the matter and afford the Individual in question an opportunity to explain the alleged conduct and provide additional information regarding the circumstances of the situation.

D. After considering the response of the Individual and conducting further investigation as necessary, the Executive Compliance Committee, or a Subcommittee thereof, shall request the appropriate supervisor to take appropriate corrective or disciplinary action.

DEFINITIONS:

When used in this Policy these terms have the following meanings:

Board Member: is anyone who is a member of the Board of Managers of Parkland Health & Hospital System, a member of the board of a Parkland controlled affiliate, or a member of any subcommittee thereof.

Business Entertainment: A combined business and entertainment activity that is hosted by a third party and attended by an Individual who has authority to act on behalf of Parkland and during which official Parkland business is conducted.

Compensation: includes salary, sales commission, revenue, wages, fee, stipend, royalty, or other remuneration. The term, “Honorarium” is defined separately herein.

Conflicts of Interests: a circumstance whereby an Individual’s duty, responsibility, and/or loyalty to Parkland is inappropriately influenced by non-Parkland related duties, responsibilities and/or loyalties.

~~A~ Conflicts of Interests can be characterized as actual, apparent, or potential.

- An Actual Conflict of Interests exists when secondary duties, responsibilities, or loyalties affect an Individual's capacity to carry out Parkland responsibilities in an independent and objective manner.
- An Apparent Conflict of Interests arises when an objective person, with knowledge of the relevant facts, perceives that an Individual's secondary interests have improperly influenced or could influence professional judgment or bias decision making.
- A Potential Conflict of Interests exists when there is a reasonable expectation that circumstances will evolve such that an actual conflict of interests will occur.

Endorsement: any advertising or marketing message (including white papers, video clips, verbal statements, demonstrations, or depictions of the Parkland name, logo, likeness, or other identifying characteristics) that consumers are likely to believe reflects the opinions, beliefs, findings, or experiences of Parkland and promotes the use of the vendor's product or service.

Family Member: a husband, wife, domestic partner, birth or adoptive parent, child, brother, sister, stepparent, stepchild, stepbrother, or stepsister, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, or sister-in-law; grandparent, grandchild, spouse of child, spouse of grandparent, spouse of grandchild, and any other member of a household.

Financial Interest: means during any twelve-month period (retrospective or prospective) the Individual or Family Member has;

- An ownership interest (e.g., bonds, securities, stocks, stock options, equity interests, or any other investment) with any person, business or entity that conducts business, seeks to conduct business, or competes with PHHS (excluding investments in publicly traded securities valued at less than $10,000 and investments managed in a mutual fund or retirement account); or
- Received royalties, license fees, or other compensation from copyright, patient, or trademark from any person, business or entity that conducts business, seeks to conduct business, or competes with Parkland; or

- Received Compensation from any person, business or entity that conducts business, seeks to conduct business, or competes with Parkland; or
- Accepted Gift(s) from any person, business or entity that conducts business, seeks to conduct business, or competes with Parkland where the aggregate value in the past twelve month period exceeds $50; or
- Accepted any Gratuity from any person, business or entity that conducts business, seeks to conduct business, or competes with Parkland.

Gift: means anything of value that is accepted by an Individual. Examples of Gifts include, but are not limited to, services, meals, entertainment, recreation, sporting event tickets, real property, personal property, waiver of conference fees, and use of giver's time, material, or equipment; whether provided in-kind, by purchase of a ticket, payment in advance, or reimbursement after an expense has been incurred. This definition of Gift does not include reasonable business entertainment, business meals, and honorarium. The terms "Gratuity" and "Honorarium" is defined separately herein.

Gratuity: anything of value offered by a Vendor in exchange for an official act (or omission thereof) by an Individual with regards to their official Parkland obligations and responsibilities.

Honorarium: a small payment that is given in recognition and appreciation for voluntary participation in an activity of scientific, academic, or professional merit for which the giver has no legal or traditional obligation to provide payment.

Officer: An Officer is an elected or appointed position as defined by the Parkland Health Bylaws of the Board of Managers or the bylaws of Parkland Affiliates.

Outside Activities: activities that transpire outside the context of the Individual's Parkland duties and responsibilities. For example, an Individual or Family Member serves:

- As a board member, council member, director, trustee, officer, any other fiduciary or key-employee function, for an outside business entity; or
- On the council or advisory board of a professional, civic, business, medical or research organization, whether for-profit or not-for-profit.

Parkland Affiliates: Parkland Affiliates are the Parkland Center for Clinical Innovation, the Parkland Community Health Plan, the Parkland Auxiliary, and the Parkland Foundation.

Professional Society: means an association or other organization of persons engaged in the same profession or occupation, that normally seeks to further a particular profession in the interests of Workforce Members engaged in that profession and the public interest.

Referral Source: means the request by a ~~physician~~physician or Advanced Practice Professional (collectively referred to as "physician" for the purposes of this definition) for, or ordering of, or the certifying or recertifying of the need for, any designated health service for which ~~payment~~payment may be made under Medicare Part B, including a request for a ~~consultation~~consultation with another ~~physician~~physician and any test or procedure ordered by or to be performed by (or under the supervision of) that other ~~physician~~physician, but not including any designated health service personally performed or provided by the ~~referring physician~~referring physician. A designated health service is not personally performed or provided by the ~~referring physician~~referring physician if it is performed or provided by any other person, including, but not limited to, the ~~referring physician~~referring physician's employees, independent contractors, or group practice members.

Vendor: any manufacturer, distributor, contractor, business, supplier, or service organization; and their salespersons, representatives, or other persons who conduct business with Parkland, may seek to conduct business with Parkland, or compete with Parkland.

Workforce Member: An Officer, board member, employee, volunteer, member of the medical staff, contractor, vendor, trainee or other person whose conduct, in the performance of work for Parkland, is under the direct control of Parkland or a Parkland Affiliate, whether or not he or she is paid by Parkland or a Parkland Affiliate.

REFERENCES:

~~N/A~~

Federal Anti-Kickback Statute 42 USC 1320a-7b(b)

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Parkland

Vendor Gifts, Gratuities, and Business Courtesies	SYS.COMP.009	Published: 3/25/20
SYSTEM – Compliance and Ethics		Page 1 of 20

PURPOSE:

The purpose of this compliance policy is to promote Parkland Health's adherence to applicable federal and state law, private payer healthcare requirements, and the Parkland Code of Conduct. This policy is designed to promote Parkland Health's practices against fraud, abuse, waste, and other potential liability areas and is also designed to foster an organizational culture that promotes prevention, detection, and resolution of conduct that does not conform to the law or Parkland Health's ethical and business policies; moreover, this policy articulates and demonstrates Parkland Health's commitment to legal and ethical standards.

SCOPE:

This Policy applies to all Parkland Health & Hospital System and Parkland Affiliate (collectively for purposes of this Policy "Parkland") locations, and Workforce Members.

POLICY:

1. Preamble

   Parkland is committed to carrying out its relationships and interactions with Vendors in a transparent manner that reflects integrity and complies with all applicable laws, rules, and regulations regarding acceptance of Vendor Gifts, Gratuities, and business courtesies.

   Relationships and transactions between healthcare institutions and vendors and/or industry are complex. Often Workforce Members may be offered "free" goods, Gifts, benefits, and/or Honoraria, or travel expenses for participating in certain activities, actions, or projects. Many such benefits serve an important purpose. However, proposed Gifts or benefits may violate the federal Anti-Kickback statute, federal anti-referral laws, and similar state laws or run counter to traditional ethical norms. Most of these laws impose considerable fines and penalties, including imprisonment.

   In general, Workforce Members and Family Members may not accept a Gift or benefit that (1) might reasonably tend to influence or be perceived as influencing his/her decision-making regarding purchases, contracts, or any other official duty; (2) he/she know or should know is being offered with the intent to influence the decision

of Workforce Members; (3) induces Workforce Members to disclose confidential information or a Family Member to disclose confidential information obtained from Workforce Members; (4) induces Workforce Members to use his/her official powers or duties in favor of another. Additionally, a Gift or benefit may be considered improper if it is made to a person in a position to generate business for the paying party, if the payment is related to the volume of business generated, if the payment is more than nominal in value and/or exceeds fair market value of any legitimate service rendered to the payer, or if the payment is unrelated to any service at all other than the referral of patients.

A. Regulatory Considerations

1) The Parkland Code of Conduct and Ethics prohibits employees of the Dallas County Hospital District from accepting any Individual Gratuity from a person, organization, or business that provides products or services (currently or prospectively) to Parkland.

2) Federal and state anti-kickback statutes prohibit the acceptance of any item of value (directly or indirectly), in cash or in kind, that may induce (actually or apparently) the purchase or referral of any kind of health care goods, services, or items reimbursed by a federal or state health care program (e.g. Medicare, Medicaid).

B. Family Members

1) The outside interests of Family Members are treated as though they involve the Individual directly insofar as the Workforce Member is aware of the Family Member's outside interest.

2. Vendor Relationships

A. Workforce Members must maintain ethical and compliant interactions with Vendors at all times.

B. This Policy does not and cannot address every conceivable situation that will occur regarding Individual relationships with Vendors. Questions regarding circumstances not specifically addressed in this policy but that might cause a reasonable person to believe a transaction was illegal or unethical should be

directed to the Workforce Member's supervisor or to Parkland's Chief Compliance and Ethics Officer.

C. Appropriate Vendor relationships can be cultivated by following these principles:

1) Manage Vendor relationships so as to prevent undue Vendor influence (actual or apparent) over the conduct of research, practice of medicine, treatment of patients, or contracting of products or services;

2) Avoid Parkland endorsement (actual or apparent) of any product, service, manufacturer, distributor, contractor, business, supplier, or service organization;

3) Maintain control over the content of educational curriculum, and all presentation materials;

4) Recuse one's self from making decisions that result in personal or a Family Member's gain or loss;

5) Do not accept any item of value from a Vendor (current or prospective) that is seeking or might seek something from Parkland (e.g. a contract, work order, services agreement, etc.) except to the extent permitted by this policy or in consultation with the Compliance and Ethics Department.

3. Vendor Endorsements

A. Parkland will not endorse or promote a Vendor, or their products or services, to patients, employees, or business associates.

B. Vendors are not allowed to display or promote their products on Parkland property or at a Parkland sponsored function, except when shown in conjunction with an evaluation of products or services where a Request for Information/Proposal is being evaluated.

C. A Vendor's logo may not appear on any materials used in connection with a Parkland sponsored event (including community educational events).

D. The appearance of Parkland's name or logo on a Vendor published client list is not considered to be an endorsement.

4. Integrity in Vendor Relations and Decision Making

   A. Parkland interactions with Vendors are to be conducted so as to remove bias and undue influence in the decision making process.

   B. Under no circumstances may an Individual solicit or accept any Gift, Gratuity, meal, travel, or entertainment in exchange for promoting, recommending, purchasing, or leasing products or services.

C. Workforce Members may not recommend, evaluate, vote for, or promote the acquisition or lease of any product or service when the Workforce Members has a Financial Interest, business or familial relationship, or participates in Outside Activities beyond a casual acquaintance and that creates a Conflict of Interest with the Vendor, person, business, or organization with whom Parkland business is being considered or conducted.

D. Exception

   1) If Workforce Members have unique expertise (e.g. clinical, technical, or business) that cannot be provided by another third party, then at the discretion of Parkland, they may be invited to share expert knowledge, provided that:

      a) All meeting participants are informed regarding the nature of their Conflict of Interest in advance of the Individual's participation;

      b) After sharing input, the affected Workforce Member recuses himself or herself from the remainder of the discussion and deliberations; and does not vote nor exercise any influence regarding the Parkland decision; and

      c) Meeting minutes reflect the nature of the affected Workforce Member's Conflict of Interest, describe the uniqueness of the Individual's expertise, summarize the specific input given, and document the Individual's act of recusal.

   2) Attachment Flow Charts

      a) Attachment A – Cash or Cash Equivalents

      b) Attachment B – Clothing and Accessories

c) Attachment C – Consumable Goods

d) Attachment D – Rental Property

e) Attachment E – Continuing Education Units

5. Vendor Gifts

A. Permitted Vendor Gifts

1) On an infrequent basis, Workforce Members may accept Vendor promotional items that are of nominal value (e.g., coffee mugs, pens, notepaper). In order to avoid inadvertent endorsement of a Vendor's products or services, Workforce Members should refrain from displaying these promotional items in areas that are accessible to patients or their family members.

2) Perishable or consumable Gifts, of modest value, as normally given during the holiday season, may only be accepted from a Vendor by Workforce Members or a Family Member if the Gifts are shared amongst members of the Workforce Member's department.

3) Gift(s) for which the aggregate value of all permissible Gifts Workforce Members or a Family Member received from a Vendor, in the past twelve-month period, is less than $50.

B. Prohibited Vendor Gifts

Workforce Members and Family Members are prohibited from accepting;

1) Vendor Gifts of cash or cash equivalents of any amount. This includes gift cards and gift certificates other than those that are only redeemable for a particular product of nominal value (e.g., a gift certificate for a free sandwich);

2) Any Gift from a source to which Parkland refers patients or accepts patient referrals from;

3) Any Gift(s) given in exchange for Workforce Members listening to a sales talk or similar presentation by a Vendor;

4) Free samples, supplies, or equipment from Vendors designated for individual use; and/or

5) Any Gift(s) for which the aggregate value of all Gifts received from a specific Vendor in the past twelve-month period exceeds $50, including a prize or award from a competition or random drawing at a conference.

C. Remedies for Receipt of Unsolicited Gifts

1) If Workforce Members or a Family Member receives a Gift that is prohibited or exceeds the thresholds set herein, the situation can be remedied by taking one of these actions:

a) Return the Gift to the Vendor; or

b) Remit payment to the Vendor for the face value or fair market value of the Gift.

2) In the event a remedy is exercised, the affected Workforce Members must promptly make a record of the circumstances, including the value of the Gift, and update their Disclosure Statement to report this interaction.

6. Gifts to Workforce Members from a Referral Source

A. Permitted Gifts from a Referral Source

1) On an infrequent basis, Workforce Members may accept Referral Source items that are of nominal value (e.g., coffee mugs, pens, notepaper).

2) Perishable or consumable Gifts, of modest value, as normally given during the holiday season or in recognition of a specific professional awareness promotional event (e.g., Breast Cancer Awareness Week), may only be accepted from a Referral Source by Workforce Members or a Family Member if the Gifts are shared amongst members of the Workforce Member's department.

3) Gift(s) for which the aggregate value of all permissible Gifts Workforce Members or a Family Member received from a Referral Source, in the past twelve-month period, is less than $50.

B. Prohibited Referral Source Gifts

1) Referral Source Gifts of cash or cash equivalents of any amount. This includes gift cards and gift certificates other than those that are only redeemable for a particular product of nominal value (e.g., a gift certificate for a free sandwich);

7. Business Entertainment

A. Permitted Business Entertainment

1) Workforce Members and Family Members may not accept Vendor sponsored entertainment invitations in exchange for promoting, recommending, purchasing or leasing Vendor products or services at Parkland.

2) Workforce Members may accept invitations to Vendor sponsored entertainment events when the purpose is for the furtherance of Parkland's mission and business objectives; and

3) The location is not extravagant, and the aggregate costs related to the event does not exceed $150 per person; and

4) The invitation is for an event at which the Vendor host is present and Parkland business is discussed; and

5) Acceptance of such an invitation does not occur more than once during any twelve-month period; and

6) The invitation is not extended to a Family Member, provided that a single Family Member may accompany Workforce Members to an event that otherwise meets the requirements of this section if attendance by Family Member is necessary for Workforce Member's attendance (*e.g.*, in the case of a Family Member who provides personal care or other assistance because of a disability) or is otherwise reasonable and customary in light of the nature of the event; and

7) The Individual or Family Member does not accept any Vendor paid travel or hotel accommodations.

B. Prohibited Vendor Sponsored Entertainment

1) Individuals may not accept invitations that are purely social in nature or when the Vendor host is not present at the event.

2) Individuals are prohibited from accepting Vendor sponsorship for departmental social gatherings (e.g., a holiday party or department dinner) regardless of location (e.g., a Parkland facility, an external location, or an Individual's residence).

3) Personal Gifts and Gifts to attend entertainment events, sporting events, all-expense-paid trips to vacation resorts, and other similar activities serve no educational or business purpose and are thus prohibited.

8. Business Meals

A. Permitted Business Meals

1) Workforce Members and Family Members may accept an occasional and infrequent meal from a Vendor if:

a) The Vendor host is present, and the meal is provided in conjunction with a business presentation or discussion; and

b) The predominant focus of the meeting is Parkland/Vendor business; and

c) The meal is of modest value; and

d) The meeting occurs in a setting that is conducive to the discussion of business.

2) If business meals with a Vendor occur on a frequent basis, the parties should each pay for their own meal. Individuals may submit a request for reimbursement of business meals when the expense is allowed under the "Business Expense and Reimbursement Authorization Policy," and is appropriately authorized.

B. Prohibited Business Meals

1) Individuals may not accept any meal sent from a Vendor to departments or staff members. This is unrelated to the permissible, shared, perishable, consumable Gifts as referenced in section 5.A. above.

C. Exception - Business Meals

1) Workforce Members may accept meals or food items at a Professional Society event that includes attendance from a broad spectrum of participants (e.g., user group meetings or conferences) where a Vendor has sponsored the meal.

2) Food items/meals that do not exceed $30 per person should be directed to the Employment Experience Department. The Employment Experience Department will arrange for the acceptance and appropriate distribution of food items.

9. Travel Sponsored by Professional Societies

A. Permitted

1) Professional Societies may provide payment or reimbursement for travel, hotel accommodations and/or conference fees to Workforce Members who make a presentation, serve on a panel, or otherwise make significant contribution of professional, scientific, or academic merit.

a) Any such arrangements should be detailed in writing, and participation must be approved in advance by the Individual's manager.

b) Individuals are to reimburse Parkland concerning any sponsored travel, hotel, or waiver of conference fees that Parkland paid on behalf of the Individual.

B. Prohibited

1) Workforce Members and Family Members may not accept payment or reimbursement for attendance at, or travel in connection with, conferences and meetings during which Workforce Members did not make a presentation, serve on a panel, or otherwise make a significant contribution of professional, scientific, or academic merit. This restriction does not apply to a Family Member who attends such a conference for a reason unrelated to Workforce Member's relationship to Parkland (e.g., if Family Member attends the conference because of his or her independent professional activities).

10. Vendor Paid Travel

A. Permitted

1) Vendors may provide payment or reimbursement for travel and hotel accommodations when such accommodations are necessary and explicitly stipulated as part of an executed contract with Parkland; such provisions may not be extended to a Family Member.

B. Prohibited

1) Parkland Workforce Members and Family Members may not accept payment or reimbursement from a Vendor to attend a site review or customer show case for the purposes of evaluating a product or service.

2) Workforce Members and Family Members may not accept payment or reimbursement from a Vendor for any purpose (including educational) when the payment or reimbursement is not a negotiated consideration in an executed contractual arrangement or as otherwise allowed by this policy.

C. Exception

1) Vendors may provide payment or reimbursement for travel and hotel accommodations to attend sponsored research protocol training or meetings that are provided in accordance with Parkland Research Policies.

11. Complimentary or “Free” Continuing Education Units”

A. Complimentary CEUs may be accepted from a Vendor that is a professional association or organization if the Workforce Member is a member of the organization. The “free” training is considered part of the membership dues or fees.

B. “Free” CEUs may be accepted from a Vendor only if the education is offered to the public or to all health care workers and not just limited to Parkland.

C. “Free” educational presentations may not be accepted if the purpose of the education program is to market the Vendor’s product.

12. Gifts from Vendors for Prescribing or Marketing of Products

A. Strictly prohibited and a violation of the Anti-Kickback statute.

B. Gifts from Vendors to Workforce Members or Family Members for Marketing of Products are not permissible if the Gift is offered in exchange for performing marketing tasks in the course of practicing medicine, providing research and development services or as a result of a Workforce Member's specific position at Parkland (e.g. accepting money or Gifts from a vendor to complete evaluation forms on a company's product.).

13. Honoraria

Workforce Members may accept an Honorarium (see definition of Honorarium)from an academic entity, federal or state agency, professional service organization, non-profit organization, (other than a non-profit organization directly or indirectly formed or controlled by a pharmaceutical or medical device company), foundation, or other similar entity outside of Parkland for service by the Workforce Member to that entity, a speaking engagement, or other public appearance beyond the Workforce Member's normal responsibilities to Parkland so long as the activity pertains to the Workforce Member's professional specialty or expertise.

A. Accepting an Honorarium is not permitted if the services would not have been requested but for the Workforce Member's official position or duties or when the Honorarium is offered in lieu of a benefit that would otherwise be prohibited.

1) For example, a Workforce Member may not accept a Gift or payment for giving a speech if the Workforce Member would not have been asked to provide the speech but for the Workforce Member's specific position at Parkland.

2) Similarly, a physician may accept an Honorarium (if otherwise consistent with this policy) for a speech he/she was invited to give because of his/her expertise in a particular clinical specialty, but may not accept the Honorarium if he/she was selected to speak on the topic over other similarly-qualified speakers because he/she holds a prominent position as chief of the relevant service at Parkland.

B. Even if an Honorarium would otherwise be prohibited, a Workforce Member may still be reimbursed for reasonable transportation, lodging, and meal expenses incurred during his/her active participation in a conference or seminar as long as the Workforce Member's services provided are more than merely perfunctory or

superficial. Also, a Workforce Member may accept a Gift of very minimal value, such as a plaque or coffee cup.

C. If a Workforce Member is asked to present at a conference/seminar and is paid a permissible Honorarium, the Honorarium may be retained by the Workforce Member provided that:

1) The reasonable travel expenses were paid or reimbursed by an individual or entity other than Parkland, and

2) The Honorarium was given because of the Individual's contributions to a non-Vendor hosted event (e.g., a national conference, a not-for-profit organization (not formed or controlled directly or indirectly by a pharmaceutical or medical device company), or a Professional Society).

D. If in any event, the Workforce Member's preparation and contributions to the non-Vendor hosted event were made on Parkland paid time, then the payment of an Honorarium should be remitted to Parkland and applied as an offset to the Workforce Member's home department salary account.

14. Parkland Solicitation for Charitable Purposes

A. The Parkland Foundation is the sole organization charged with soliciting philanthropic gifts on behalf of Parkland, except as otherwise provided in SYS.HR.004 Solicitation Policy.

B. Solicitation and acceptance of charitable contributions by the Parkland Foundation ("Foundation") are governed by the Foundation's policies and procedures. Individuals employed or directed by the Foundation may solicit or accept donations from Vendors in accordance with Foundation policies.

C. The Foundation shall reject any contribution from a Vendor when it is believed to inure to the benefit of any Workforce Member or Family Member; is designated for reimbursement or payment of specific Workforce Member's or Family Member's travel, meals, entertainment, or education expenses; or is designated for a specific Parkland department operating expenses or capital expenditures irrespective of the Parkland Foundation's Gift Acceptance Policy and the Designated Gift procedures.

D. This provision does not preclude the Foundation from using Vendor donated funds to pay for its own administrative or operating expenses.

E. When the Parkland Foundation is chairing or co-chairing a fundraising event, Workforce Members and Family Members may accept invitations regarding the event from Vendors who are sponsoring a table or providing other support to the event.

F. When a charity (not-for-profit) organization organizes a fundraising event that is not associated with the Parkland Foundation, Workforce Members and Family Members may participate, representing themselves, on their own time, without using any Parkland resources.

G. Workforce Members who receive an invitation from a Vendor to participate in a Vendor supported or sponsored charity event may accept the invitation without regard for the value of the Vendor's contribution to the charity, or the value of attending the event for the Workforce Member provided that:

1) The invitation is not offered in exchange for promoting, recommending, purchasing or leasing products or services.

2) The event is not primarily dedicated to promoting a religious, political, or legislative agenda.

3) The purposes of the charity event are compatible with Parkland's mission, vision, and values.

4) Attendance is approved in advance by the Workforce Member's manager.

5) Any Gifts, awards, or winnings received in association with the event are to be within the limits set forth and managed in accordance with this Policy, Section 5 - Vendor Gifts. The dollar limit of $50 for non-cash Gifts does not apply to tickets or value of admission to the sponsored event.

6) The invitation is not extended to a Family Member, provided that a single Family Member may accompany Workforce Member to an event that otherwise meets the requirements of this section if attendance by Family Member is necessary for Workforce Member's attendance (*e.g.*, in the case of a Family Member who provides personal care or other assistance because of

a disability) or is otherwise reasonable and customary in light of the nature of the event.

15. Charitable Donations from Vendors

A. Vendor donations, grants or contributions are to be directed to the Parkland Foundation and must comply with the Foundation's policies. Charitable donations shall not involve Parkland department level Workforce Members or vendor sales or marketing representatives.

B. Charitable donations, grants and contributions must be philanthropic in nature with no expectation of anything in return.

C. Parkland will not predicate the awarding of business contracts on donation or contributions made to Parkland, its controlled affiliates, or supporting charitable organizations.

D. Parkland will not endorse a Vendor in exchange for a charitable contribution, donation, grant, or other support.

E. Workforce Members are prohibited from soliciting and accepting any donation or charitable contribution on behalf of the Parkland Foundation. Only Parkland Foundation Workforce Members or the Parkland Chief Executive Officer may solicit or accept a charitable donation to the Foundation.

F. If a Vendor informs Workforce Members of the desire to make a donation, the Individual may suggest that the Vendor contact the Foundation to discuss Gift giving opportunities. Workforce Members and Family Members may not direct Vendors to make donations to the Foundation as a method of circumventing the restrictions set forth in this Policy.

G. The Foundation does not accept cash or cash equivalent, i.e., gift cards, that are designated to be distributed to Parkland employees.

16. Vendor Support for Educational Events Sponsored or Hosted by Parkland

A. Workforce Members may not solicit or accept donations from Vendors to support education events administered or co-sponsored by Parkland; however, Vendors may, if they offer to do so of their volition, with no intention of influencing, inducing or rewarding the Workforce Member's recommendation or decision to

purchase any of the Vendor's products or services, offer to provide financial support for educational activities. In the event that a vendor makes such intentions known, then the Individual may refer them to the Parkland Foundation as set forth above in section.

B. Vendors may not, in any way, control the content of the educational material, presentations, educational methods or evaluation of the activity.

C. Vendors may not select, provide, control, or have the ability to influence the speakers or educators; and may not serve as speakers and educators.

D. Vendors may not display or promote their products or services, or distribute information concerning their products or services. Products and services may not be branded or co-branded for distribution purposes.

E. Vendors may not provide any Gifts to participants, attendees, or event administrators before, during or after the event.

F. Workforce Members and Family Members may attend Vendor sponsored public training or public educational events, but may not accept payment or reimbursement from the Vendor for any travel related expenses, including overnight lodging, or fees, stipends, or honorariums for participating in the event. If registration fees are charged to the public for attendance at such events, Parkland will pay these fees when approved in accordance with Parkland's Expense and Reimbursement Policy. These restrictions do not apply to non-Vendor sponsored trade or professional association events.

15. Charitable Raffles and Casino/Poker Nights

A. Raffles

1) Raffles are generally prohibited pursuant to the Texas Charitable Raffle Enabling Act.

2) A Parkland organization would be required to meet the definition of a "qualified organization" before a raffle could be organized. Permission is required from the Parkland Legal Affairs Department and the Chief Executive Officer prior to a raffle being permitted.

B. Casino Nights

1) Chapter 47 of the Texas Penal Code prohibits gambling in any form,

2) There is no exception to the gambling law in Texas for nonprofits to hold poker or casino night fundraising events.

16. Policy Exceptions

A. Exceptions to this policy may be granted in limited circumstances following review by the Chief Compliance and Ethics Officer in consultation and unanimous consensus with no less than two other Chief-level leaders, such as the Chief Talent Officer, Chief Executive Officer and/or General Counsel. The purpose of the three-party review process is to ensure that any exception granted is for the benefit of Parkland and does not compromise Parkland's commitment to carrying out its community relationships and business interactions in a transparent manner that reflects integrity and complies with all applicable laws, rules, and regulations regarding acceptance of Vendor Gifts, Gratuities, and business courtesies.

17. Enforcement

A. The Parkland Compliance and Ethics Department shall oversee compliance with this Policy and report any instances of non-compliance to the Executive Compliance Committee, or a Subcommittee thereof, and the Board of Managers Governance, Compliance, and Ethics Committee, as appropriate.

B. If any person has reasonable cause to believe that an Individual has inappropriately accepted Gifts, Gratuities, Meals, Travel or Entertainment, that person shall promptly inform the Compliance and Ethics Department of the basis for such belief. A person may also raise a concern through the Parkland Integrity Line (1-800-351-0093) or online at ParklandIntegrityLine.Ethicspoint.com.

C. A member of the Compliance and Ethics Department shall investigate the matter and afford the Individual in question an opportunity to explain the alleged conduct and provide additional information regarding the circumstances of the situation.

D. After considering the response of the Individual and conducting further investigation as necessary, the Executive Compliance Committee, or a Subcommittee thereof, shall request the appropriate supervisor to take appropriate corrective or disciplinary action.

DEFINITIONS:

When used in this Policy these terms have the following meanings:

Board Member: is anyone who is a member of the Board of Managers of Parkland Health & Hospital System, a member of the board of a Parkland controlled affiliate, or a member of any subcommittee thereof.

Business Entertainment: A combined business and entertainment activity that is hosted by a third party and attended by an Individual who has authority to act on behalf of Parkland and during which official Parkland business is conducted.

Compensation: includes salary, sales commission, revenue, wages, fee, stipend, royalty, or other remuneration. The term, “Honorarium” is defined separately herein.

Conflicts of Interest: a circumstance whereby an Individual’s duty, responsibility, and/or loyalty to Parkland is inappropriately influenced by non-Parkland related duties, responsibilities and/or loyalties.

Conflicts of Interest can be characterized as actual, apparent, or potential.

- An Actual Conflict of Interests exists when secondary duties, responsibilities, or loyalties affect an Individual’s capacity to carry out Parkland responsibilities in an independent and objective manner.
- An Apparent Conflict of Interests arises when an objective person, with knowledge of the relevant facts, perceives that an Individual’s secondary interests have improperly influenced or could influence professional judgment or bias decision making.
- A Potential Conflict of Interests exists when there is a reasonable expectation that circumstances will evolve such that an actual conflict of interests will occur.

Endorsement: any advertising or marketing message (including white papers, video clips, verbal statements, demonstrations, or depictions of the Parkland name, logo, likeness, or other identifying characteristics) that consumers are likely to believe reflects the opinions, beliefs, findings, or experiences of Parkland and promotes the use of the vendor’s product or service.

Family Member: a husband, wife, domestic partner, birth or adoptive parent, child, brother, sister, stepparent, stepchild, stepbrother, or stepsister, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, or sister-in-law; grandparent, grandchild, spouse of child, spouse of grandparent, spouse of grandchild, and any other member of a household.

Financial Interest: means during any twelve-month period (retrospective or prospective) the Individual or Family Member has;

- An ownership interest (e.g., bonds, securities, stocks, stock options, equity interests, or any other investment) with any person, business or entity that conducts business, seeks to conduct business, or competes with PHHS (excluding investments in publicly traded securities valued at less than $10,000 and investments managed in a mutual fund or retirement account); or
- Received royalties, license fees, or other compensation from copyright, patient, or trademark from any person, business or entity that conducts business, seeks to conduct business, or competes with Parkland; or
- Received Compensation from any person, business or entity that conducts business, seeks to conduct business, or competes with Parkland; or
- Accepted Gift(s) from any person, business or entity that conducts business, seeks to conduct business, or competes with Parkland where the aggregate value in the past twelve month period exceeds $50; or
- Accepted any Gratuity from any person, business or entity that conducts business, seeks to conduct business, or competes with Parkland.

Gift: means anything of value that is accepted by an Individual. Examples of Gifts include, but are not limited to, services, meals, entertainment, recreation, sporting event tickets, real property, personal property, waiver of conference fees, and use of giver's time, material, or equipment; whether provided in-kind, by purchase of a ticket, payment in advance, or reimbursement after an expense has been incurred. This definition of Gift does not include reasonable business entertainment, business meals, and honorarium. The terms "Gratuity" and "Honorarium" is defined separately herein.

Gratuity: anything of value offered by a Vendor in exchange for an official act (or omission thereof) by an Individual with regards to their official Parkland obligations and responsibilities.

Honorarium: a small payment that is given in recognition and appreciation for voluntary participation in an activity of scientific, academic, or professional merit for which the giver has no legal or traditional obligation to provide payment.

Officer: An Officer is an elected or appointed position as defined by the Parkland Health Bylaws of the Board of Managers or the bylaws of Parkland Affiliates.

Outside Activities: activities that transpire outside the context of the Individual's Parkland duties and responsibilities. For example, an Individual or Family Member serves:

- As a board member, council member, director, trustee, officer, any other fiduciary or key-employee function, for an outside business entity; or
- On the council or advisory board of a professional, civic, business, medical or research organization, whether for-profit or not-for-profit.

Parkland Affiliates: Parkland Affiliates are the Parkland Center for Clinical Innovation, the Parkland Community Health Plan, the Parkland Auxiliary, and the Parkland Foundation.

Professional Society: means an association or other organization of persons engaged in the same profession or occupation, that normally seeks to further a particular profession in the interests of Workforce Members engaged in that profession and the public interest.

Referral Source: means the request by a physician or Advanced Practice Professional (collectively referred to as "physician" for the purposes of this definition) for, or ordering of, or the certifying or recertifying of the need for, any designated health service for which payment may be made under Medicare Part B, including a request for a consultation with another physician and any test or procedure ordered by or to be performed by (or under the supervision of) that other physician, but not including any designated health service personally performed or provided by the referring physician. A designated health service is not personally performed or provided by the referring physician if it is performed or provided by any other person, including, but not limited to,

the referring physician's employees, independent contractors, or group practice members.

Vendor: any manufacturer, distributor, contractor, business, supplier, or service organization; and their salespersons, representatives, or other persons who conduct business with Parkland, may seek to conduct business with Parkland, or compete with Parkland.

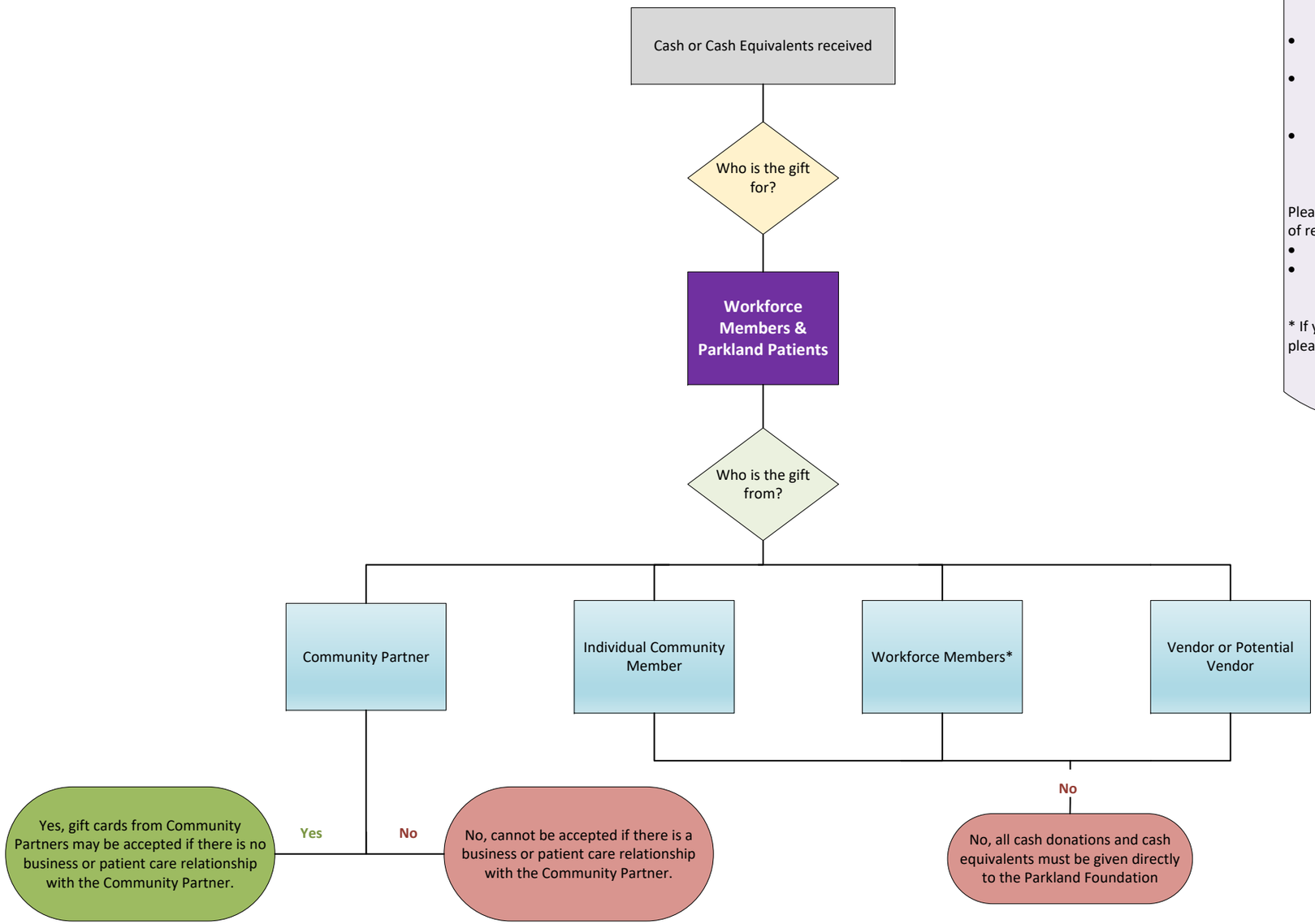
Workforce Member: An Officer, board member, employee, volunteer, member of the medical staff, contractor, vendor, trainee or other person whose conduct, in the performance of work for Parkland, is under the direct control of Parkland or a Parkland Affiliate, whether or not he or she is paid by Parkland or a Parkland Affiliate.

REFERENCES:

Federal Anti-Kickback Statute 42 USC 1320a-7b(b)

Cash or Cash Equivalents

(i.e. gift cards, cash, credit cards, etc.)



Workforce Member Requirements

- ALL cash donations and cash equivalents must be given directly to the Parkland Foundation.
- Gift cards from Community Partners may be accepted if there is no business or patient care relationship with the Community Partner.
- Personal gifts (such as gift cards) to Workforce Member from Workforce Member (such as birthday or holiday gifts) may be accepted.

Please review the following policies for a complete list of requirements:

- Gifts from Patients Policy
- Vendor Gifts, Gratuities, and Business Courtesies Policy

* If you are unsure whether the requirements are met, please contact the Compliance and Ethics Department.

*Personal gifts between Workforce Members in the form of gift cards may be accepted

Clothing and Accessories

(i.e. t-shirts, jackets, watches, necklaces, etc.)

Parkland Patient Requirements

- Items are consistent with Parkland's mission.
- Items are not intended to induce or have potential to induce Parkland to conduct business with the donor.
- Items must go through the appropriate Parkland distribution processes and cannot be given directly to patients from the donor.
- Items are not being offered as part of an advertisement or solicitation.
- Items are believed to have reasonable connection to the individual's medical care and the individual is in financial need.

Please review the following policies for a complete list of requirements:

- In-Kind Donations Policy
- Vendor Gifts, Gratuities, and Business Courtesies Policy
- Gifts from Patients Policy

* If you are unsure whether the requirements are met, please contact the Compliance and Ethics Department.

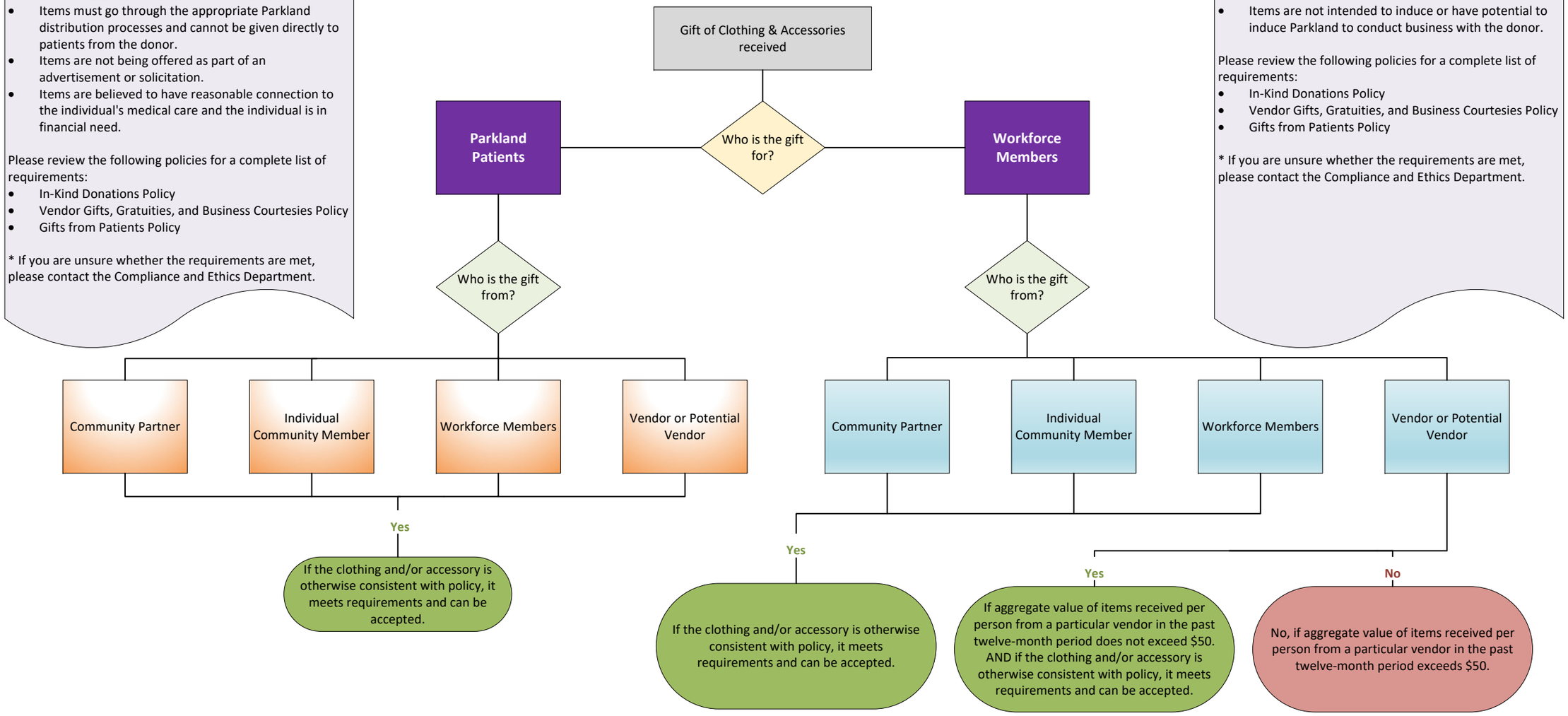
Workforce Member Requirements

- Items are consistent with Parkland's mission, items serve a business need and items are not for personal use outside of Parkland business.
- Items are not intended to induce or have potential to induce Parkland to conduct business with the donor.

Please review the following policies for a complete list of requirements:

- In-Kind Donations Policy
- Vendor Gifts, Gratuities, and Business Courtesies Policy
- Gifts from Patients Policy

* If you are unsure whether the requirements are met, please contact the Compliance and Ethics Department.



Consumable Goods

(i.e. food, baby diapers, baby formula, personal hygiene supplies, etc.)

Parkland Patient Requirements

- Items are consistent with Parkland's mission.
- Items are not intended to induce or have potential to induce Parkland to conduct business with the donor.
- Items must go through the appropriate Parkland distribution processes and cannot be given directly to patients from the donor.

Please review the following policies for a complete list of requirements:

- In-Kind Donations Policy
- Vendor Gifts, Gratuities, and Business Courtesies Policy
- Gifts from Patients Policy

* If you are unsure whether the requirements are met, please contact the Compliance and Ethics Department.

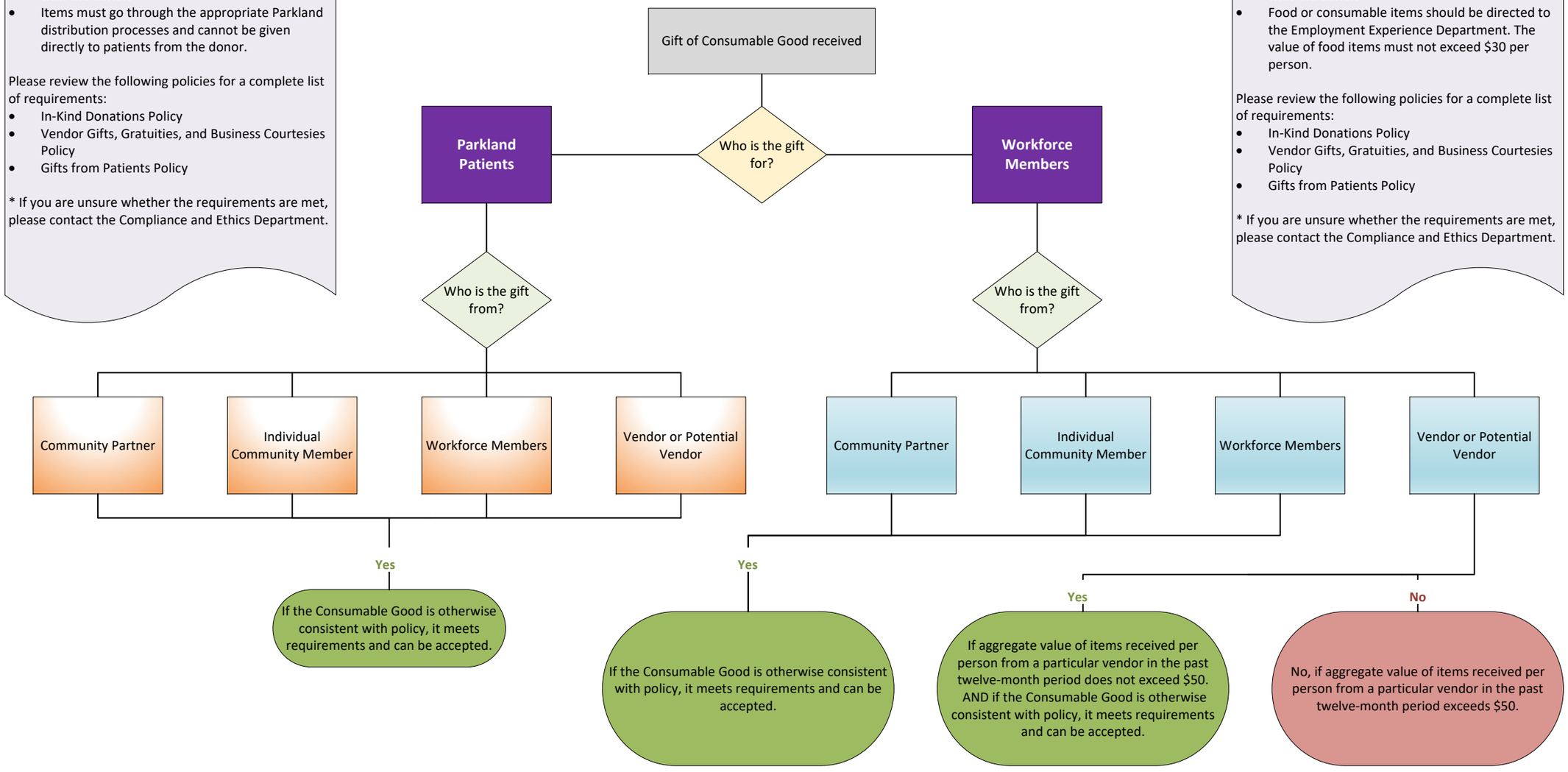
Workforce Member Requirements

- Items are consistent with Parkland's mission.
- Items are not intended to induce or have potential to induce Parkland to conduct business with the donor.
- Food or consumable items should be directed to the Employment Experience Department. The value of food items must not exceed $30 per person.

Please review the following policies for a complete list of requirements:

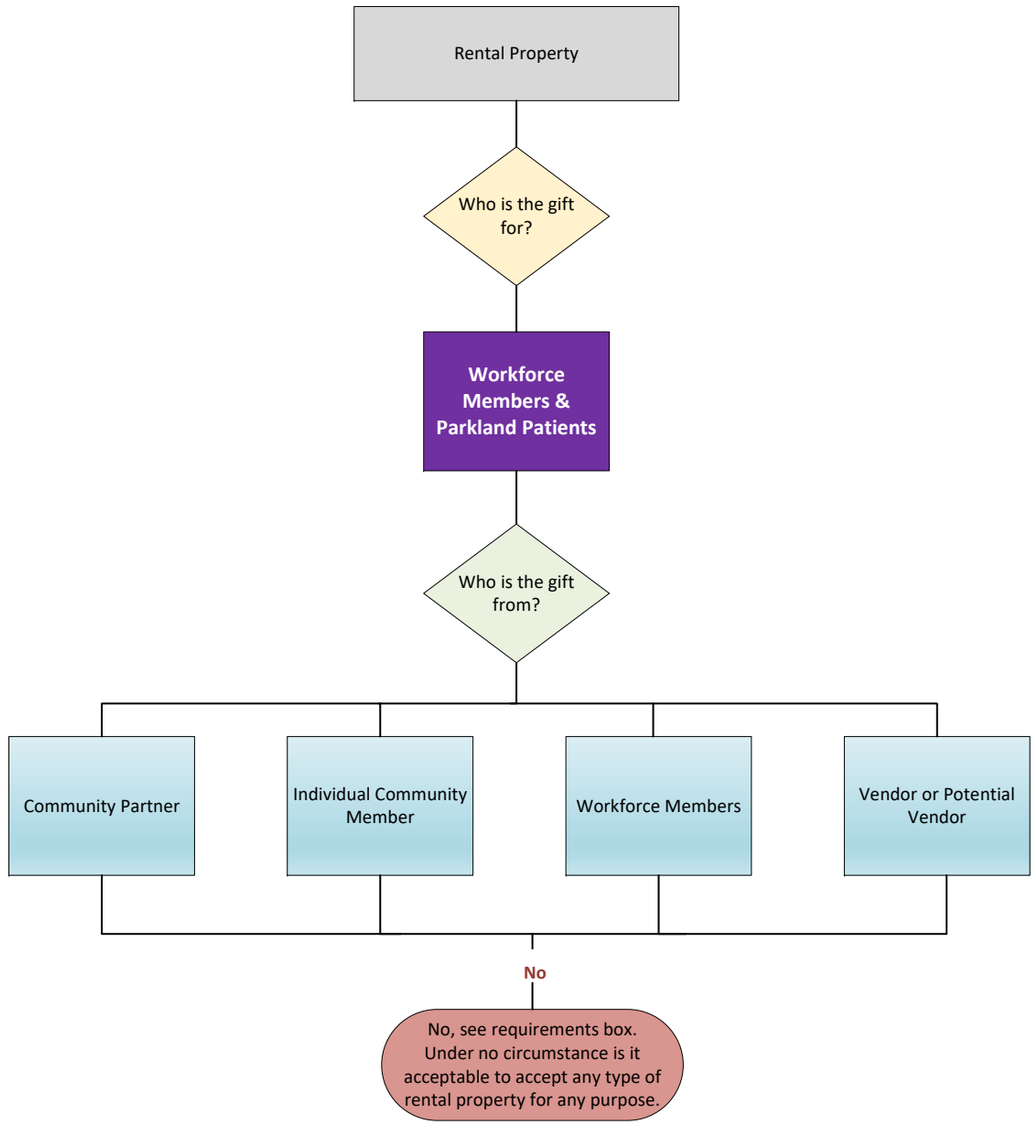
- In-Kind Donations Policy
- Vendor Gifts, Gratuities, and Business Courtesies Policy
- Gifts from Patients Policy

* If you are unsure whether the requirements are met, please contact the Compliance and Ethics Department.



Rental Property

(i.e. airbnbs, cabins, timeshare properties, etc.)



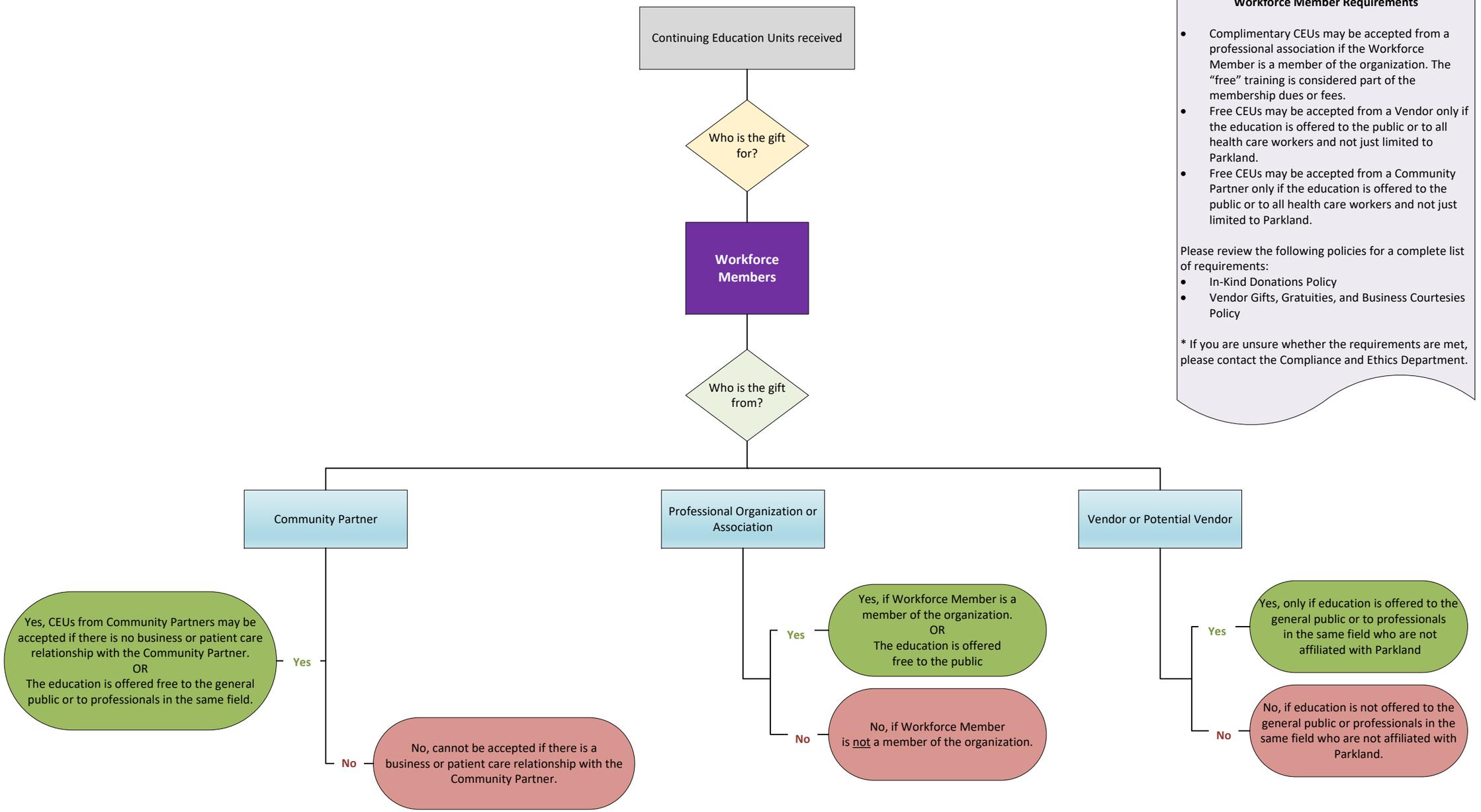
Workforce Member and Patients Requirements

- Under no circumstance is it acceptable to accept any type of rental property for leisure use, personal use and/or business use.

* If you are unsure whether the requirements are met, please contact the Compliance and Ethics Department.

Continuing Education Units

(i.e. CME, CLE, CNE, etc.)



Workforce Member Requirements

- Complimentary CEUs may be accepted from a professional association if the Workforce Member is a member of the organization. The "free" training is considered part of the membership dues or fees.
- Free CEUs may be accepted from a Vendor only if the education is offered to the public or to all health care workers and not just limited to Parkland.
- Free CEUs may be accepted from a Community Partner only if the education is offered to the public or to all health care workers and not just limited to Parkland.

Please review the following policies for a complete list of requirements:

- In-Kind Donations Policy
- Vendor Gifts, Gratuities, and Business Courtesies Policy

* If you are unsure whether the requirements are met, please contact the Compliance and Ethics Department.

Parkland

Approve SYS.PI.001 – Quality Assessment & Performance Improvement Plan

Recommended for approval at May 25th QBOM

SYS.PI.001 Quality Assessment and Performance Improvement Plan

Requirements regarding this document are found in:

- The Centers for Medicare and Medicaid Services (CMS)
- The Joint Commission

Background:

- Last published 6/23/21 and is reviewed annually.
- Updated “Parkland Health & Hospital System” to “Parkland Health” throughout.
- Modified Scope to “Workforce Member”, in keeping with move from “where” a procedure applies to identifying to “whom” it applies.
- Minor revision to EQC scope
- Included verbiage on near miss events
- Removed Clinical Quality Committee (CQC) section
- Changed RCA notation to Learning Events
- Removed Approval section
- Annual Updates to:
    - Quality of Care Dashboard Indicators (Appendix C)
    - Performance Improvement Committees (Appendix D)
- Removed Enterprise-Wide Performance Improvement Projects (Appendix E)
- Other minor corrections in punctuation and verbiage

Reviews and approvals of this version:

- Ciel Murphy, Director Legal Operations
- Mike Lane, MD, ACMO and CQSO
- Quality of Care & Patient Safety Committee (scheduled for 5/18/22)
- Board of Managers Quality of Care Committee (scheduled for 5/25/22)
- Board of Managers (scheduled for 6/29/22)

Parkland

Quality Assessment and Performance Improvement Plan	SYS.PI.001	Published: 6/23/21
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PURPOSE:

The Quality & Safety Operations Division ("QSO") promotes the mission, vision, and values of Parkland Health ~~and Hospital System~~ ("Parkland") by implementing and maintaining an ongoing enterprise-wide, data-driven Program ("Program") designed to enhance patient safety and improve the quality of care provided within the health system. The Division develops an annual Quality Assessment and Performance Improvement Plan ("QAPI Plan").

The QAPI Plan is expected to be integrated into hospital-based units, departments and services and all ambulatory care settings throughout the health system. The Parkland Board of Managers ("Board"), the health system's governing body, and Parkland's senior executives provide ultimate oversight and leadership to ensure the adequacy and effectiveness of the Program. The Board also provides oversight of the Chief Quality and Safety Officer ("CQSO"), who is responsible for facilitating the ongoing development and execution of the Program.

The QAPI Plan:

- Is reviewed and/or revised annually;
- Is clearly defined and broadly communicated;
- Meets the health system's priorities for improving the quality and ensuring the safety of care;
- Reflects the complexity of the health system and its full range of services;
- Is resourced appropriately for successful, enterprise-wide implementation and maintenance;
- Focuses on key indicators that drive improved health outcomes.

SCOPE:

All Parkland Workforce members.~~.~~

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Quality Assessment and Performance Improvement Plan	SYS.PI.001	Published: 6/23/21
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PROCEDURE:

1. QAPI Plan Oversight

   A. The Board, through its Board Quality of Care and Patient Safety Committee ("QBOM"), maintains ultimate oversight of the Program, including the annual QAPI Plan. The QBOM receives regular updates from the CQSO and the Division, as well as Hospital and Medical Staff leaders. The CQSO has direct access to the QBOM and Board as needed.

   B. The Hospital Quality of Care and Patient Safety Committee ("QCPSC") is a multidisciplinary committee composed of clinical and clinical support staff, operational leadership, and medical leadership. The QCPSC meets no less than ten times per year and oversees quality performance measurement, quality improvement, and patient safety activities throughout Parkland. Information flows from the QCPSC to the QBOM and the Medical Executive Committee ("MEC").

   C. The Executive Quality Committee ("EQC") is comprised of a cross-functional group of senior leaders who serve as key stakeholders for quality and safety within Parkland. This committee meets no less than 10 times per year and reviews quality and safety trends ~~that may have an impact at an organizational lev~~, informs organizational priorities, and helps address barriers to performance improvement~~el~~. Information flows from EQC to QCPSC and to QBOM as appropriate.

   D. The QAPI Plan oversight structure is set forth in Appendix A. A summary of key oversight and operational committees is set forth in Appendix B.

2. QAPI Plan Priority Focus Areas

   A. The QSO establishes the annual QAPI Plan priorities based on several factors including internal risk assessments, external benchmarking, data analysis and trending, national trends, and regulatory requirements. The QAPI Plan priorities are:

      1) Building and maintaining a sustainable infrastructure for quality and safety throughout Parkland;

2) Promoting a culture of psychological safety, accountability, and high reliability within an environment where Parkland workforce members ~~personnel~~ feel comfortable reporting and elevating issues without fear of retaliation;

3) Promoting and supporting continuous quality improvement activities;

4) Reducing patient harm events, e.g., hospital associated infections ("HAIs"), hospital acquired conditions ("HACs"), patient safety indicators ("PSI"); patient misidentification, medication errors, falls; ~~and~~

~~4)~~5) Identifying and actively addressing pre-cursor ("near-miss") harm events and reducing their incidence through the ~~maintence~~ maintenance of robust surveillance systems; and learning systems.

~~5)~~6) Maintaining institutional alignment with industry standards of care and best practices.

3. Measuring and Assessing

A. The QAPI Plan measures processes and outcomes on a continual basis. Comprehensive metrics capture requirements from accrediting bodies, mandatory reporting elements as well as organizational priorities. The QSO monitors a prescribed set of metrics on an ongoing basis, including mandatory reporting measures as well as measures derived from sources including but not limited to an enterprise-wide data warehouse, medical record abstraction, Safety Center posts, institutional and departmental registries, performance improvement activities, tracer activities, internal monitoring and audits, and mock and external survey findings. In partnership with Contracts Administration, quality-related metrics are created as part of third-party vendor contracts to provide oversight of the quality of the services provided.

B. Key measures are tracked and trended in order to assess the overall performance of the health system and identify potential areas of risk and/or improvement. The Division has identified a core subset of metrics that are presented to the QCPSC and the QBOM on a regular basis, selected based on outlier and key prognosticator status, which comprise the Quality of Care Dashboard. Additional metrics are included and reviewed within the informational packets provided to the QCPSC and QBOM. The current Quality of Care Dashboard template is set forth in Exhibit C.

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C. The metrics comprising the Quality of Care Dashboard will be reviewed, revised (as appropriate) and approved no less than annually through EQC.

4. Performance Improvement

A. The QAPI Plan includes both health system wide, or centralized, performance improvement ("PI") activities as well as decentralized activity at the service area level.

1) Improvement activities in clinical and support areas can be achieved via ~~Clinical and clinical support service areas have an~~ individually chartered Performance Improvement Committee ("PIC") or Clinical Quality Committee ("CQC")~~:~~, ~~-~~chaired by the department chief or the chief's designee and the associated nursing senior vice president, where appropriate. PICs and CQCs differ in size and/or scope but utilize common approach to PI.

a) ~~A PIC is defined as:~~ PIC/CQC Structure and Approach

- ~~A~~ PICs/CQCs are multidisciplinary teams of representatives from a service line or department ("area") who are charged with reviewing the area's quality and safety related performance data in order to inform the development and implementation of relevant clinical and operational performance improvement activities.
- The team is led by clinical and operational leadership from the ~~area, and~~area and supported by members of the QSO which may include representatives from PI, Patient Safety and Risk Management ("PSRM"), Infection Prevention ("IP"), Regulatory and Accreditation Affairs ("Regulatory"), Clinical Quality Data Management ("CQDM"), Data Analytics, and Education.
- The team meets regularly to review data, identify opportunities for improvement, and oversee improvement strategies and efforts.
- The PIC/CQC Team may elect to utilize various PI tools, including but not limited to PDSA (Plan, Do, Study, Act), process mapping, audit tools, and lean principles to achieve improved performance.

~~b) A Clinical Quality Committee (CQC) is defined as:~~

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- ~~A committee with a composition similar to that of the PIC structure though smaller in membership, which represents an area or function that is more specialized or smaller in scope.~~
- ~~A CQC is led by clinical leadership from the area, and is supported by representatives from the QSO.~~
- ~~A CQC meets regularly to review relevant quality and safety related data, identify opportunities for improvement, oversee improvement strategies and efforts.~~
- ~~A CQC may elect to utilize various PI tools, including but not limited to PDSA (Plan, Do, Study, Act), process mapping, audit tools, and lean principles to achieve improved performance.~~

2) A list of the ~~current~~ PICs and CQCs as of ~~XX/XX~~04/29/2022 ~~-~~is attached as Appendix D.

3) The PICs and CQCs maintain dashboards based on a standardized template that includes both system level metrics and key measures geared toward improving quality of care and clinical outcomes for the specific area. The committees identify opportunities for performance improvement and select certain projects which are set forth in a project charter developed in coordination with the Quality Department's PI Managers. PI Managers may provide facilitation and quality improvement expertise to support the development and execution of PIC-related projects. There is bi-directional flow of key information between the QSO and the committees. Institutional priorities and goals are shared with the PICs to inform local activities and goals. The frequency of committee meetings is determined by the committee chairs, though they will optimally meet at least six (6) times a year and at a minimum no less than once per quarter.

4) In addition to service area level improvement, the QSO oversees health system wide PI initiatives~~, as set forth in Appendix E~~. These health system wide PI initiatives are identified through a variety of avenues including but not limited to root cause analyses, serious safety events, senior leadership, system regulatory tracers, and other auditing and monitoring mechanisms.

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The initiatives and chartered and managed through completion by the QSO PI team.

B. The QSO encourages the use of a standardized PDSA methodology for all performance improvement related activities. The PDSA Model is used to ensure a consistent and thorough approach and consists of the following steps:

1) Plan— observe and assess problem, create plan for improvement;

2) Do— test intervention on a small scale;

3) Study— analyze the data and study the effect of the intervention;

4) Act— ~~R~~refine based on findings, operationalize (adapt or adopt); and

5) Repeat cycle until desired state is achieved.

C. Results from both health system~~-~~ wide and departmental PI activities are disseminated through established reporting channels as described, including to the QCPSC and QBOM at regular intervals. Enterprise-level projects are presented at least semi-annually, while each departmental PIC presents its activities and results on a rotating basis, no less than annually.

5. Patient Safety

A. Patient Safety engages key executive, nursing, physician, and operational leaders across the health system ~~in order~~ to foster continued growth and maturation of Parkland's safety culture. Patient Safety utilizes a validated survey process to assess the culture of safety no less than every 2 years, and incorporates this information into work plans, educational opportunities, and other improvement efforts in collaboration with system leaders and Employee and Physician Engagement.

B. Patient Safety & Clinical Risk maintains the Safety Center reporting system that is a ~~(Datix) as a~~ platform for health system-wide reporting of safety events. Patient Safety also facilitates an Executive Daily Huddle for reporting operational and safety concerns from the previous and upcoming 24 hours. Timely review and investigation of safety posts and good catches is performed by Patient Safety in collaboration with local unit leadership and subject matter expertise (e.g., medication safety). Significant adverse events are reviewed by a

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multidisciplinary group of clinical and operational leaders as part of the weekly Safety Event Committee. Events in Safety Center are trended over time. Identified trends are utilized in assessing risk, and in some cases, may generate performance improvement activities. The Good Catch program identifies and recognizes good catches related to potential safety concerns that are caught before reaching the patient.

C. ~~A~~Learning Events (via the Root -Cause Analysis ~~(~~[RCA2]), case review or work groups~~ -~~ are initiated ~~ Root Cause Analysis ("RCA"), or Apparent Cause Analysis ("ACA"), is initiated as needed~~ to provide in-depth investigation and analysis of events and elucidate underlying causes and themes. Root causes and contributing factors are trended ~~within and across event types~~ to reveal patterns and facilitate development of a proactive approach to improve safety. All RCA~~/ACA~~ action plans require presentation to the ~~Safety Event~~Executive Safety Committee. Each action item is reviewed for strength and appropriateness and the Committee provides support for action items which have a broader organizational impact. RCA~~/ACA~~ action plans follow an established 3- and 6-month review process for completion. Action plans then move into sustainment review at 9 ~~6~~- and 12-months post closure.

D. Failure Mode & Effect Analysis ("FMEA"), a proactive risk assessment process, may be employed where indicated to predict and mitigate potential risk through multiple lenses.

E. Patient Safety disseminates information and shared learnings from safety events, RCAs~~, and ACAs~~, and event trends to leaders and front-line staff throughout Parkland through utilization of a variety of platforms including, but not limited to~~:~~ department meetings, safety stand-downs, single point lessons, existing committee meetings, and virtual ~~web- ex~~ presentations. ~~Patient Safety also disseminates this information through the PIC structure by reviewing local departmental data and recent safety events related to the area or service line during established PIC meetings.~~

6. Infection Prevention

A. The Infection Prevention ("IP") Department resides within the QSO Division and oversees the implementation and sustainability of the Infection Prevention and Control Program ("IP Program") throughout Parkland. The goal of the IP Program

is to eliminate or reduce the risk of acquisition and transmission of HAI, including multi-drug resistant bacteria and infections of public health importance. The IP program is governed by the Infection Prevention and Control Committee ("IPCC"), a multidisciplinary medical staff committee comprised of representatives from various service lines and health system departments. The IPCC is charged with the oversight of infection control processes and policies throughout the health system. The IP Department facilitates the development of an annual IP risk assessment and work plan that informs the IP Program and is approved through the IPCC, QCPSC and the QBOM.

B. IP collaborates with several areas including, but not limited to, nursing, medical staff, facilities, sterile processing, environmental services ("EVS"), occupational health and pharmacy ~~in order~~ to regularly and consistently evaluate the environment of care, proactively identify evolving infection-related risks, enhance adherence to existing infection control processes, promote antimicrobial stewardship and facilitate ongoing infection control process improvement.

7. Risk Assessment

A. The QSO Division uses a standardized risk assessment process to identify future QAPI Plan year priorities. The process evaluates potential areas of risk related to quality, safety and infection prevention throughout the health system including Parkland's historical trends, as well as the potential severity, extent of impact, organizational readiness and resource requirements related to each identified opportunity.

~~8. Approval~~

~~A. The QAPI Plan is reviewed and approved by the QCPSC and QBOM on an annual basis, as reflected in meeting minutes. Any substantial revisions proposed off-cycle will be presented to the QCPSC and QBOM for review and approval.~~

EQUIPMENT:

N/A

DEFINITIONS:

Workforce Member: ~~An employee, volunteer, member of the medical staff, contractor, vendor, trainee or other person whose conduct, in the performance of work for Parkland, is under the direct control of Parkland, whether or not he or she is paid by Parkland.~~ An Officer, board member, employee, volunteer, member of the medical staff, contractor, vendor, trainee or other person whose conduct, in the performance of work for Parkland, is under the direct control of Parkland, whether or not he or she is paid by Parkland.

REFERENCES:

25 Tex. Administrative Code §133.41 (2021) (~~Dep't~~Dept. of State Health Services, Hospital Functions and Services).

The Joint Commission, Comprehensive Accreditation Manual for Hospitals, Standard LD.010101 (2021).

The Joint Commission, Comprehensive Accreditation Manual for Hospitals, Standard LD.01.02.01 (2021~~4~~).

The Joint Commission, Comprehensive Accreditation Manual for Hospitals, Standard LD.03.07.01 (2022)~~01~~.

The Joint Commission, Comprehensive Accreditation Manual for Hospitals, Standard LD.03.08.01 (2021).

The Joint Commission, Comprehensive Accreditation Manual for Hospitals, Standard LD.03.09.01 (2021~~4~~).

The Joint Commission, Comprehensive Accreditation Manual for Hospitals, Standard LD.04.03.13 (2021~~4~~).

The Joint Commission, Comprehensive Accreditation Manual for Hospitals, Standard LD.03.02.01 (2021~~4~~).

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The Joint Commission, Comprehensive Accreditation Manual for Hospitals, Standard LD.01.03.01 (2022~~1~~).

The Joint Commission, Comprehensive Accreditation Manual for Hospitals, Standard LD.03.05.01 (2022~~1~~).

The Joint Commission, Comprehensive Accreditation Manual for Hospitals, Standard RI.01.03.01 (2022~~0~~).

The Joint Commission, Comprehensive Accreditation Manual for Hospitals, Standard MM.07.01.03, 09.01.01 (2022~~1~~).

The Joint Commission, Comprehensive Accreditation Manual for Hospitals, Standard MM 09.01.01 (2022~~1~~).

The Joint Commission, Comprehensive Accreditation Manual for Hospitals, Standard MS.05.01.01,12.01.01(2022~~1~~).

The Joint Commission, Comprehensive Accreditation Manual for Hospitals, Standard MS.13.01.01 (2022~~1~~).

The Joint Commission, Comprehensive Accreditation Manual for Hospitals, Standard MS.05.01.03 (2022~~1~~).

The Joint Commission, Comprehensive Accreditation Manual for Hospitals, Standard PI.01.01.01 (2022~~1~~).

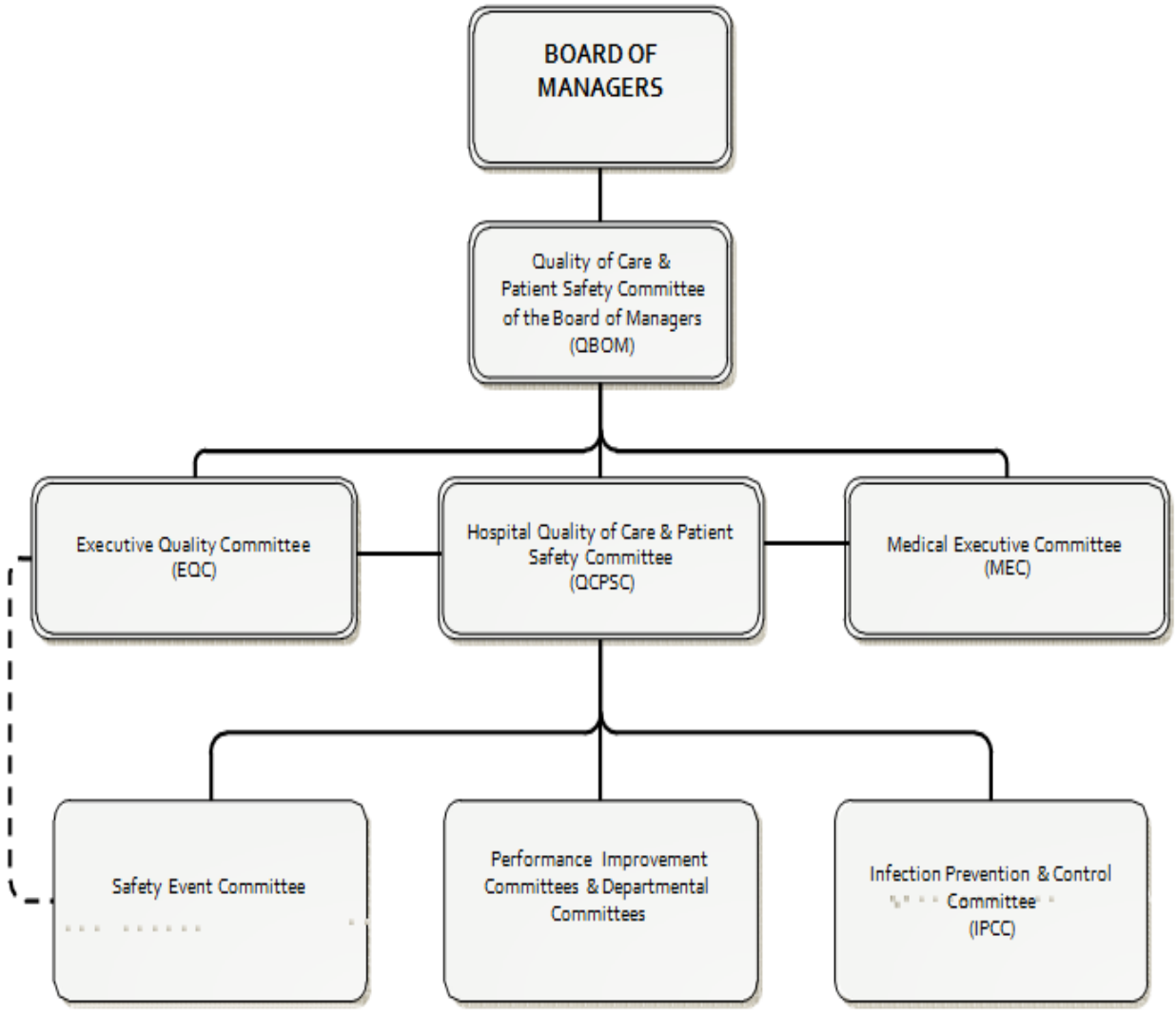
The Joint Commission, Comprehensive Accreditation Manual for Hospitals, Standard PI.03.01.01 (2022)~~1~~).

The Joint Commission, Comprehensive Accreditation Manual for Hospitals, Standard PI.02.01.01 (2022~~1~~).

Condition of Participation: Quality Assessment and Performance Improvement Program, 42 C.F.R. §482.21 (2022~~1~~)

Condition of Participation: Infection Control, 42 C.F.R. §482.42 (2022)~~1~~

Appendix A – QAPI Program Oversight Structure



Appendix B – Committee Summaries

OVERSIGHT BODY	ROLE/RESPONSIBILITY	REPORTS TO
Quality of Care and Patient Safety Committee of the Board of Managers (QBOM) *Chair: Board Member, Parkland Board of Managers*	The QBOM oversees the Program with the goal of recognizing the critical importance of high-quality service, patient and staff safety, and satisfaction. The QBOM hears regular updates from Parkland's EQC, QCPSC and the MEC regarding the QAPI Plan to foster and improve quality of care and patient safety.	Board of Managers
Hospital Quality of Care and Patient Safety Committee (QCPSC) *Chair: Chief Quality & Safety Officer*	The QCPSC is a multidisciplinary committee composed of clinical, clinical support, operational management, and leadership staff. The QCPSC is led by the CQSO, provides oversight of key Program initiatives, and serves as the final approving body for performance improvement projects.	QBOM MEC
Executive Quality Committee (EQC) *Chair: Chief Quality and Safety Officer*	The EQC is comprised of a cross-functional group of senior leaders who serve as key stakeholders for quality and safety within the health system. This committee meets regularly (usually monthly), and reviews quality and safety related issues and trends that may have an impact at an organizational level.	QBOM
Performance Improvement Committee (PIC) *Chair: Department Chair or his/her designee*	Each PIC is expected to define, prioritize, oversee, and monitor performance improvement activities, including projects, while working to align with the health system's strategic goals. In addition, each PIC is responsible for tracking performance on an established set of metrics relevant to the specific department or service line. PICs follow an agenda that parallels that of the QCPSC, which includes review of safety events, regulatory and infection prevention activity related to the specific area.	QBOM QCPSC
Safety Event Committee *Chair: Vice President of Patient Safety & Clinical Risk Management*	The Safety Event Committee is an interdisciplinary committee comprised of clinical and operational leaders. The Committee is responsible for the review and evaluation of identified potential high risk, high harm patient safety events occurring at any Parkland facility, including but not limited to the hospital, ambulatory surgery center, clinics, business operations and the Dallas County Jail.	EQC
Infection Prevention & Control Committee (IPCC) *Chair: Chief of Infection Prevention*	The IPCC is a multidisciplinary quality and safety committee that addresses reduction of HAIs and pathogen transmission.	QCPSC

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Appendix C – Quality of Care Dashboard Indicators

Measure	Reporting Frequency	Target	Target Notes
Core Measures			
SEP-1 Severe Sepsis and Septic Shock: Management Bundle	Monthly	44.85%	Vizient CMER Tool, Q1 2019 Target: Median of all Vizient AMCs
PC-01 Elective Delivery: Percentage of Babies Electively Delivered Prior to 39 Completed Weeks Gestation	Monthly	20%	Joint Commission average CY2019 from NPIC registry~~Vizient CMER Tool, Q2 2019 Target: Median of all Vizient AMCs~~
OP-18b Median Time from ED Arrival to ED Departure for Discharged Patients	Monthly	300~~223.5~~ min	Increased volume, COVID constraints, current performance, and performance of similar hospitals~~Vizient CMER Tool, Q2 2019 Target: Median of all Vizient AMCs~~
OP-29 Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients	Monthly	98.7~~100~~%	5% improvement from CY2020 performance~~Vizient CMER Tool, Q2 2019 Target: Median of all Vizient AMCs~~
Infections			
CLABSI (Reportable Ratio SIR)	Monthly, Quarterly	≤1~~.398~~	Internal/NHSN Reporting Inpatient Quality Reporting (IQR) CLABSI Standard Infection Ratio (SIR) for CY 2022~~1~~ at or below ≤1.~~398~~

Measure	Reporting Frequency	Target	Target Notes
CAUTI (Reportable Ratio SIR)	Monthly, Quarterly	<1 ~~0.923~~	Internal/NHSN Inpatient Quality Reporting (IQR) CAUTI Standard Infection Ratio (SIR) for CY 2022~~1~~ at or below <1~~0~~.923
MRSA (Reportable Ratio SIR)	Quarterly	~~2.69~~ <1	Internal/NHSN Inpatient Quality Reporting (IQR) CAUTI Standard Infection Ratio (SIR) for CY 2022~~1~~ will target at or below 1~~2.69~~
C. Diff (Reportable Ratio SIR)	Quarterly	0.64	Internal/NHSN Inpatient Quality Reporting (IQR) C. Diff Standard Infection Ratio (SIR) for CY 202~~1~~2 will target at or below 0.64
SSI Colon (Reportable Ratio SIR)	Quarterly	<1~~2.17~~	Internal/NHSN Inpatient Quality Reporting (IQR) COLO Standard Infection Ratio (SIR) for CY 2022~~1~~ will target at or below 1~~2.17~~
SSI Hysterectomy (Reportable Ratio SIR)	Quarterly	<1~~0.9977~~	Internal/NHSN Inpatient Quality Reporting (IQR) HYST Standard Infection Ratio (SIR) for CY 2022~~1~~ will target at or below 1~~0.9977~~
Mortality			
~~Mort-30~~ AMI Mortality	Monthly	2.85~~4.41~~%	5% improvement from CY2020 performance~~Vizient observed rate, median of all participating large, specialized complex care, CMS 2019~~

Measure	Reporting Frequency	Target	Target Notes
			~~specs~~
~~Mort-30-~~HF Mortality	Monthly	1.05~~2.15~~%	5% improvement from CY2020 performance~~Vizient observed rate, median of all participating large, specialized complex care, CMS 2019 specs~~
~~Mort-30-~~PN Mortality	Monthly	12.10~~3.99~~ %	5% improvement from CY2020 performance~~Vizient observed rate, median of all participating large, specialized complex care, CMS 2019 specs~~
~~Mort-30-~~COPD Mortality	Monthly	5.31~~1.57~~%	5% improvement from CY2020 performance~~Vizient observed rate, median of all participating large, specialized complex care, CMS 2019 specs~~
~~Mort-30-~~STK Mortality	Monthly	1.14~~3.23~~%	5% improvement from CY2020 performance~~Vizient observed rate, median of all participating large, specialized complex care, CMS 2019~~

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Measure	Reporting Frequency	Target	Target Notes
			~~specs~~
Patient Safety			
PSI 4 Death among surgical inpatients with serious treatable complications	Monthly	152.91~~137.36~~	5% improvement from CY2020 performance~~Vizient observed rate, median of all participating large, specialized complex care, AHRQ v. 2020~~
~~Modified~~ PSI-90 Composite: PSI 3, 6, 8, 9, 10, 11, 12, 13, 14, 15 ~~(formerly PSI 90 (Composite): PSI 3, 6, 7, 8, 12, 13, 14, 15)~~	Monthly	1.53~~0.86~~	5% improvement from CY2020 performance~~Vizient observed rate, median of all participating large, specialized complex care, AHRQ v. 2020~~
PSI 3 Pressure Ulcer	Monthly	2.48~~0.60~~	5% improvement from CY2020 performance~~Vizient observed rate, median of all participating large, specialized complex care, AHRQ v. 2020~~
PSI 6 Iatrogenic Pneumothorax	Monthly	0.32~~16~~	5% improvement from CY2020 performance~~Vizient observed rate, median of all participating large,~~

Measure	Reporting Frequency	Target	Target Notes
			~~specialized complex care, AHRQ v. 2020~~
PSI 8 In-Hospital Fall with Hip Fracture ~~(formerly Postoperative Hip Fracture)~~	Monthly	0.1~~400~~	5% improvement from CY2020 performance~~Vizient observed rate, median of all participating large, specialized complex care, AHRQ v. 2020~~
PSI 9 Postoperative Hemorrhage or Hematoma	Monthly	3.93~~2.57~~	5% improvement from CY2020 performance~~Vizient observed rate, median of all participating large, specialized complex care, AHRQ v. 2020~~
PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis ~~(formerly Postoperative physiologic and metabolic derangements)~~	Monthly	1.6~~0.92~~	5% improvement from CY2020 performance~~Vizient observed rate, median of all participating large, specialized complex care, AHRQ v. 2020~~
PSI 11 Post Op Respiratory Failure	Monthly	2.78~~3.02~~	5% improvement from CY2020 performance~~Vizient observed rate, median of all participating large, specialized complex care, AHRQ v.~~

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Measure	Reporting Frequency	Target	Target Notes
			~~2020~~
PSI 12 Perioperative PE/ DVT	Monthly	10.85~~3.61~~	5% improvement from CY2020 performance~~Vizient observed rate, median of all participating large, specialized complex care, AHRQ v. 2020~~
PSI 13 Postoperative sepsis	Monthly	8.91~~3.20~~	5% improvement from CY2020 performance~~Vizient observed rate, median of all participating large, specialized complex care, AHRQ v. 2020~~
PSI 14 Post Op Wound Dehiscence	Monthly	0.00~~66~~	5% improvement from CY2020 performance~~Vizient observed rate, median of all participating large, specialized complex care, AHRQ v. 2020~~
PSI 15 —Unrecognized Abdominopelvic Accidental Puncture/Laceration ~~(formerly Accidental Puncture or Laceration)~~	Monthly	0.87~~1.27~~	5% improvement from CY2020 performance~~Vizient observed rate, median of all participating large, specialized complex care, AHRQ v.~~

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Measure	Reporting Frequency	Target	Target Notes
			~~2020~~
Readmissions			
READM-30-AMI	Monthly	4.64~~8.64~~%	5% improvement from CY2020 performance~~Vizient observed rate, median of all participating large, specialized complex care, CMS 2019 specs~~
READM-30-HF	Monthly	13.16%~~17.47~~	5% improvement from CY2020 performance~~Vizient observed rate, median of all participating large, specialized complex care, CMS 2019 specs~~
READMI-30-PN	Monthly	7.29%~~12.66~~	5% improvement from CY2020 performance~~Vizient observed rate, median of all participating large, specialized complex care, CMS 2019 specs~~
READM-30-elective THA/ TKA	Monthly	3.52%~~2.40~~	5% improvement from CY2020 performance~~Vizient observed rate, median of all participating large, specialized complex care, CMS 2019~~

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Measure	Reporting Frequency	Target	Target Notes
			~~specs~~
READM-30-COPD	Monthly	11.96~~16.07~~%	5% improvement from CY2020 performance~~Vizient observed rate, median of all participating large, specialized complex care, CMS 2019 specs~~
READM-30-HWR (Hospital Wide Readmissions)	Monthly	4.86~~8.69~~%	5% improvement from CY2020 performance~~Vizient observed rate, median of all participating large, specialized complex care, CMS 2019 specs~~
Population Health			
~~COPC Adult-Hemoglobin A1c>9%~~	~~Monthly~~	~~24.4%~~	~~HEDIS Medicaid 90th percentile report published 2019~~
COPC Adult-Colorectal Cancer Screening Test Completed	Monthly	90.0 %	HEDIS Medicaid (increased target as performing better than HEDIS target)
COPC Pediatric-HEDIS 2-Yr Old Vaccines	Monthly	70.0 %	HEDIS Medicaid 90th percentile report published 2019
~~COPC Pediatric-Human Papillomavirus (HPV) Male & Females of Age between 9 and~~	~~Monthly~~	~~60.0 %~~	~~HEDIS Medicaid (increased target as performing better than HEDIS target)~~

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Measure	Reporting Frequency	Target	Target Notes
~~14.99~~			
COPC Cervical Cancer Screening (Pap Smear Completed)	Monthly	85%	New metric related to waiver and HEDIS
COPC Pediatric Lead Test (24-29 months)	Monthly	86%	New metric, new initiative for pediatrics related to HEDIS
~~Correctional Health-Urine Pregnancy Test completed in 10-50 year-old females prior to administering medications (%)~~	~~Monthly~~	~~95.0 %~~	~~DOJ & Texas Jail Commission Requirements~~
Correctional Health-Provider follow-up on Clinic/Procedure Visit within 14 days (%)	Monthly	95.0 %	DOJ & Texas Jail Commission Requirements
Correctional Health-Coronary Artery Disease Patients on Aspirin (%)	Monthly	95.0 %	DOJ & Texas Jail Commission Requirements
~~OPC-Maintain ≥50% download rate on Glucose meter downloads in Diabetes Clinic monthly~~	~~Monthly~~	~~60.0 %~~	~~Internal stretch goal~~
~~OPC-Oncology clinic patient "emotional well-being" assessed by the second Oncology visit (%)~~	~~Monthly~~	~~80.00%~~	~~Commission on Cancer~~
OPC-Patients on HAART (highly active antiretroviral therapy) have an undetectable viral load of equal or less than 200 copies/ml	Monthly	80.00%	National Benchmark

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Measure	Reporting Frequency	Target	Target Notes
OPC-Completion rate of retinal scan for patients in Diabetes ~~& Foot Wound~~ Clinic who had a face-to-face visit with provider	Monthly	8~~6~~0.00%	Internal
OPC Psychosocial distress (PHQ4) screening completed for new oncology patients at first clinic visit	Monthly	95%	New metric

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Appendix D –2021 Performance Improvement Committees (PICs)

Performance Improvement Committees	Other Committees
Population Health Quality Leadership (OPC & COPC)	Anesthesiology
Correctional Health	Blood Utilization Review (BURC)
Emergency Operations	Burn Executive
Gynecology	Trauma Executive ~~Cancer~~
Medicine	~~Trauma Executive~~
Neonatal Service	
Neuroscience	
Nutrition	
Obstetrics	
Cancer	
Pathology/Laboratory Services	
Pharmacy, P&T	
Physical Medicine & Rehabilitation	
Psychiatry	
Radiology	
Respiratory	
Surgery	
Transplant Program	
HOMES	
Peritoneal Dialysis	
Global Oncology Program	
Critical Care (in the forming phase)	

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~~Appendix E –2021 Enterprise-Wide Performance Improvement Projects*~~

~~PROJECT~~	~~AIM | GOAL~~
~~Staff Competencies~~	~~To develop a standardized process for tracking, evaluating, validating and maintaining the knowledge, skills and abilities required for employees to perform their job effectively.~~
~~Parkland Tobacco and Smoke Free Policy~~	~~The development and execution of the Parkland Tobacco and Smoke-Free Policy aims to govern the adoption and implementation of a tobacco and smoke-free campus and environment for patients, guests and employees of Parkland Hospital and Health System.~~
~~Workplace Violence Reduction~~	~~To establish a program to minimize harm experienced by Parkland employees or patients and to implement strategies to educate, support employees to reduce harm.~~
~~Medication Reconciliation Quality Review~~	~~This project aims to review outpatient medication reconciliation compliance from a qualitative and quantitative perspective through looking at trends in medication orders including post- reconciliation duplicate therapies, incomplete orders, orders without end dates for designated pharmacy classes, and inactive or otherwise inappropriate orders. This project is also looking at medication reconciliation related safety post reporting and patient follow-up in the emergency department for refills for a bigger picture review of our outpatient medication process.~~

~~*Projects may have been completed during the Plan Year.~~

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PURPOSE:

The Quality & Safety Operations Division ("QSO") promotes the mission, vision, and values of Parkland Health ("Parkland") by implementing and maintaining an ongoing enterprise-wide, data-driven Program ("Program") designed to enhance patient safety and improve the quality of care provided within the health system. The Division develops an annual Quality Assessment and Performance Improvement Plan ("QAPI Plan").

The QAPI Plan is expected to be integrated into hospital-based units, departments and services and all ambulatory care settings throughout the health system. The Parkland Board of Managers ("Board"), the health system's governing body, and Parkland's senior executives provide ultimate oversight and leadership to ensure the adequacy and effectiveness of the Program. The Board also provides oversight of the Chief Quality and Safety Officer ("CQSO"), who is responsible for facilitating the ongoing development and execution of the Program.

The QAPI Plan:

- Is reviewed and/or revised annually;
- Is clearly defined and broadly communicated;
- Meets the health system's priorities for improving the quality and ensuring the safety of care;
- Reflects the complexity of the health system and its full range of services;
- Is resourced appropriately for successful, enterprise-wide implementation and maintenance;
- Focuses on key indicators that drive improved health outcomes.

SCOPE:

All Parkland Workforce members.

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PROCEDURE:

1. QAPI Plan Oversight

   A. The Board, through its Board Quality of Care and Patient Safety Committee ("QBOM"), maintains ultimate oversight of the Program, including the annual QAPI Plan. The QBOM receives regular updates from the CQSO and the Division, as well as Hospital and Medical Staff leaders. The CQSO has direct access to the QBOM and Board as needed.

   B. The Hospital Quality of Care and Patient Safety Committee ("QCPSC") is a multidisciplinary committee composed of clinical and clinical support staff, operational leadership, and medical leadership. The QCPSC meets no less than ten times per year and oversees quality performance measurement, quality improvement, and patient safety activities throughout Parkland. Information flows from the QCPSC to the QBOM and the Medical Executive Committee ("MEC").

   C. The Executive Quality Committee ("EQC") is comprised of a cross-functional group of senior leaders who serve as key stakeholders for quality and safety within Parkland. This committee meets no less than 10 times per year and reviews quality and safety trends , informs organizational priorities, and helps address barriers to performance improvement. Information flows from EQC to QCPSC and to QBOM as appropriate.

   D. The QAPI Plan oversight structure is set forth in Appendix A. A summary of key oversight and operational committees is set forth in Appendix B.

2. QAPI Plan Priority Focus Areas

   A. The QSO establishes the annual QAPI Plan priorities based on several factors including internal risk assessments, external benchmarking, data analysis and trending, national trends, and regulatory requirements. The QAPI Plan priorities are:

      1) Building and maintaining a sustainable infrastructure for quality and safety throughout Parkland;

2) Promoting a culture of psychological safety, accountability, and high reliability within an environment where Parkland workforce members feel comfortable reporting and elevating issues without fear of retaliation;

3) Promoting and supporting continuous quality improvement activities;

4) Reducing patient harm events, e.g., hospital associated infections ("HAIs"), hospital acquired conditions ("HACs"), patient safety indicators ("PSI"); patient misidentification, medication errors, falls;

5) Identifying and actively addressing pre-cursor ("near-miss") harm events and reducing their incidence through the maintenance of robust surveillance systems; and learning systems.

6) Maintaining institutional alignment with industry standards of care and best practices.

3. Measuring and Assessing

A. The QAPI Plan measures processes and outcomes on a continual basis. Comprehensive metrics capture requirements from accrediting bodies, mandatory reporting elements as well as organizational priorities. The QSO monitors a prescribed set of metrics on an ongoing basis, including mandatory reporting measures as well as measures derived from sources including but not limited to an enterprise-wide data warehouse, medical record abstraction, Safety Center posts, institutional and departmental registries, performance improvement activities, tracer activities, internal monitoring and audits, and mock and external survey findings. In partnership with Contracts Administration, quality-related metrics are created as part of third-party vendor contracts to provide oversight of the quality of the services provided.

B. Key measures are tracked and trended in order to assess the overall performance of the health system and identify potential areas of risk and/or improvement. The Division has identified a core subset of metrics that are presented to the QCPSC and the QBOM on a regular basis, selected based on outlier and key prognosticator status, which comprise the Quality of Care Dashboard. Additional metrics are included and reviewed within the informational packets provided to the QCPSC and QBOM. The current Quality of Care Dashboard template is set forth in Exhibit C.

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C. The metrics comprising the Quality of Care Dashboard will be reviewed, revised (as appropriate) and approved no less than annually through EQC.

4. Performance Improvement

A. The QAPI Plan includes both health system wide, or centralized, performance improvement ("PI") activities as well as decentralized activity at the service area level.

1) Improvement activities in clinical and support areas can be achieved via individually chartered Performance Improvement Committee ("PIC") or Clinical Quality Committee ("CQC"), chaired by the department chief or the chief's designee and the associated nursing senior vice president, where appropriate. PICs and CQCs differ in size and/or scope but utilize common approach to PI.

a) PIC/CQC Structure and Approach

- PICs/CQCs are multidisciplinary teams of representatives from a service line or department ("area") who are charged with reviewing the area's quality and safety related performance data in order to inform the development and implementation of relevant clinical and operational performance improvement activities.
- The team is led by clinical and operational leadership from the area and supported by members of the QSO which may include representatives from PI, Patient Safety and Risk Management ("PSRM"), Infection Prevention ("IP"), Regulatory and Accreditation Affairs ("Regulatory"), Clinical Quality Data Management ("CQDM"), Data Analytics, and Education.
- The team meets regularly to review data, identify opportunities for improvement, and oversee improvement strategies and efforts.
- The PIC/CQC Team may elect to utilize various PI tools, including but not limited to PDSA (Plan, Do, Study, Act), process mapping, audit tools, and lean principles to achieve improved performance.

2) A list of the PICs and CQCs as of 04/29/2022 is attached as Appendix D.

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3) The PICs and CQCs maintain dashboards based on a standardized template that includes both system level metrics and key measures geared toward improving quality of care and clinical outcomes for the specific area. The committees identify opportunities for performance improvement and select certain projects which are set forth in a project charter developed in coordination with the Quality Department's PI Managers. PI Managers may provide facilitation and quality improvement expertise to support the development and execution of PIC-related projects. There is bi-directional flow of key information between the QSO and the committees. Institutional priorities and goals are shared with the PICs to inform local activities and goals. The frequency of committee meetings is determined by the committee chairs, though they will optimally meet at least six (6) times a year and at a minimum no less than once per quarter.

4) In addition to service area level improvement, the QSO oversees health system wide PI initiatives. These health system wide PI initiatives are identified through a variety of avenues including but not limited to root cause analyses, serious safety events, senior leadership, system regulatory tracers, and other auditing and monitoring mechanisms. The initiatives and chartered and managed through completion by the QSO PI team.

B. The QSO encourages the use of a standardized PDSA methodology for all performance improvement related activities. The PDSA Model is used to ensure a consistent and thorough approach and consists of the following steps:

1) Plan— observe and assess problem, create plan for improvement;

2) Do— test intervention on a small scale;

3) Study— analyze the data and study the effect of the intervention;

4) Act— refine based on findings, operationalize (adapt or adopt); and

5) Repeat cycle until desired state is achieved.

C. Results from both health system wide and departmental PI activities are disseminated through established reporting channels as described, including to the QCPSC and QBOM at regular intervals. Enterprise-level projects are

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presented at least semi-annually, while each departmental PIC presents its activities and results on a rotating basis, no less than annually.

5. Patient Safety

   A. Patient Safety engages key executive, nursing, physician, and operational leaders across the health system to foster continued growth and maturation of Parkland's safety culture. Patient Safety utilizes a validated survey process to assess the culture of safety no less than every 2 years, and incorporates this information into work plans, educational opportunities, and other improvement efforts in collaboration with system leaders and Employee and Physician Engagement.

   B. Patient Safety & Clinical Risk maintains the Safety Center reporting system that is a platform for health system-wide reporting of safety events. Patient Safety also facilitates an Executive Daily Huddle for reporting operational and safety concerns from the previous and upcoming 24 hours. Timely review and investigation of safety posts and good catches is performed by Patient Safety in collaboration with local unit leadership and subject matter expertise (e.g., medication safety). Significant adverse events are reviewed by a multidisciplinary group of clinical and operational leaders as part of the weekly Safety Event Committee. Events in Safety Center are trended over time. Identified trends are utilized in assessing risk, and in some cases, may generate performance improvement activities. The Good Catch program identifies and recognizes good catches related to potential safety concerns that are caught before reaching the patient.

   C. Learning Events (via the Root Cause Analysis [RCA2]), case review or work groups are initiated to provide in-depth investigation and analysis of events and elucidate underlying causes and themes. Root causes and contributing factors are trended to reveal patterns and facilitate development of a proactive approach to improve safety. All RCA action plans require presentation to the Executive Safety Committee. Each action item is reviewed for strength and appropriateness and the Committee provides support for action items which have a broader organizational impact. RCA action plans follow an established 3- and 6-month review process for completion. Action plans then move into sustainment review at 9- and 12-months post closure.

D. Failure Mode & Effect Analysis ("FMEA"), a proactive risk assessment process, may be employed where indicated to predict and mitigate potential risk through multiple lenses.

E. Patient Safety disseminates information and shared learnings from safety events, RCAs, and event trends to leaders and front-line staff throughout Parkland through utilization of a variety of platforms including, but not limited to department meetings, safety stand-downs, single point lessons, existing committee meetings, and virtual presentations.

6. Infection Prevention

A. The Infection Prevention ("IP") Department resides within the QSO Division and oversees the implementation and sustainability of the Infection Prevention and Control Program ("IP Program") throughout Parkland. The goal of the IP Program is to eliminate or reduce the risk of acquisition and transmission of HAI, including multi-drug resistant bacteria and infections of public health importance. The IP program is governed by the Infection Prevention and Control Committee ("IPCC"), a multidisciplinary medical staff committee comprised of representatives from various service lines and health system departments. The IPCC is charged with the oversight of infection control processes and policies throughout the health system. The IP Department facilitates the development of an annual IP risk assessment and work plan that informs the IP Program and is approved through the IPCC, QCPSC and the QBOM.

B. IP collaborates with several areas including, but not limited to, nursing, medical staff, facilities, sterile processing, environmental services ("EVS"), occupational health and pharmacy to regularly and consistently evaluate the environment of care, proactively identify evolving infection-related risks, enhance adherence to existing infection control processes, promote antimicrobial stewardship and facilitate ongoing infection control process improvement.

7. Risk Assessment

A. The QSO Division uses a standardized risk assessment process to identify future QAPI Plan year priorities. The process evaluates potential areas of risk related to quality, safety and infection prevention throughout the health system including Parkland's historical trends, as well as the potential severity, extent of impact,

organizational readiness and resource requirements related to each identified opportunity.

EQUIPMENT:

N/A

DEFINITIONS:

Workforce Member: An Officer, board member, employee, volunteer, member of the medical staff, contractor, vendor, trainee or other person whose conduct, in the performance of work for Parkland, is under the direct control of Parkland, whether or not he or she is paid by Parkland.

REFERENCES:

25 Tex. Administrative Code §133.41 (2021) (Dept. of State Health Services, Hospital Functions and Services).

The Joint Commission, Comprehensive Accreditation Manual for Hospitals, Standard LD.010101 (20221).

The Joint Commission, Comprehensive Accreditation Manual for Hospitals, Standard LD.01.02.01 (2022).

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The Joint Commission, Comprehensive Accreditation Manual for Hospitals, Standard LD.03.02.01 (2022).

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The Joint Commission, Comprehensive Accreditation Manual for Hospitals, Standard MS.05.01.03 (2022).

The Joint Commission, Comprehensive Accreditation Manual for Hospitals, Standard PI.01.01.01 (2022).

The Joint Commission, Comprehensive Accreditation Manual for Hospitals, Standard PI.03.01.01 (2022).

The Joint Commission, Comprehensive Accreditation Manual for Hospitals, Standard PI.02.01.01 (2022).

Condition of Participation: Quality Assessment and Performance Improvement Program, 42 C.F.R. §482.21 (2022)

Condition of Participation: Infection Control, 42 C.F.R. §482.42 (2022)

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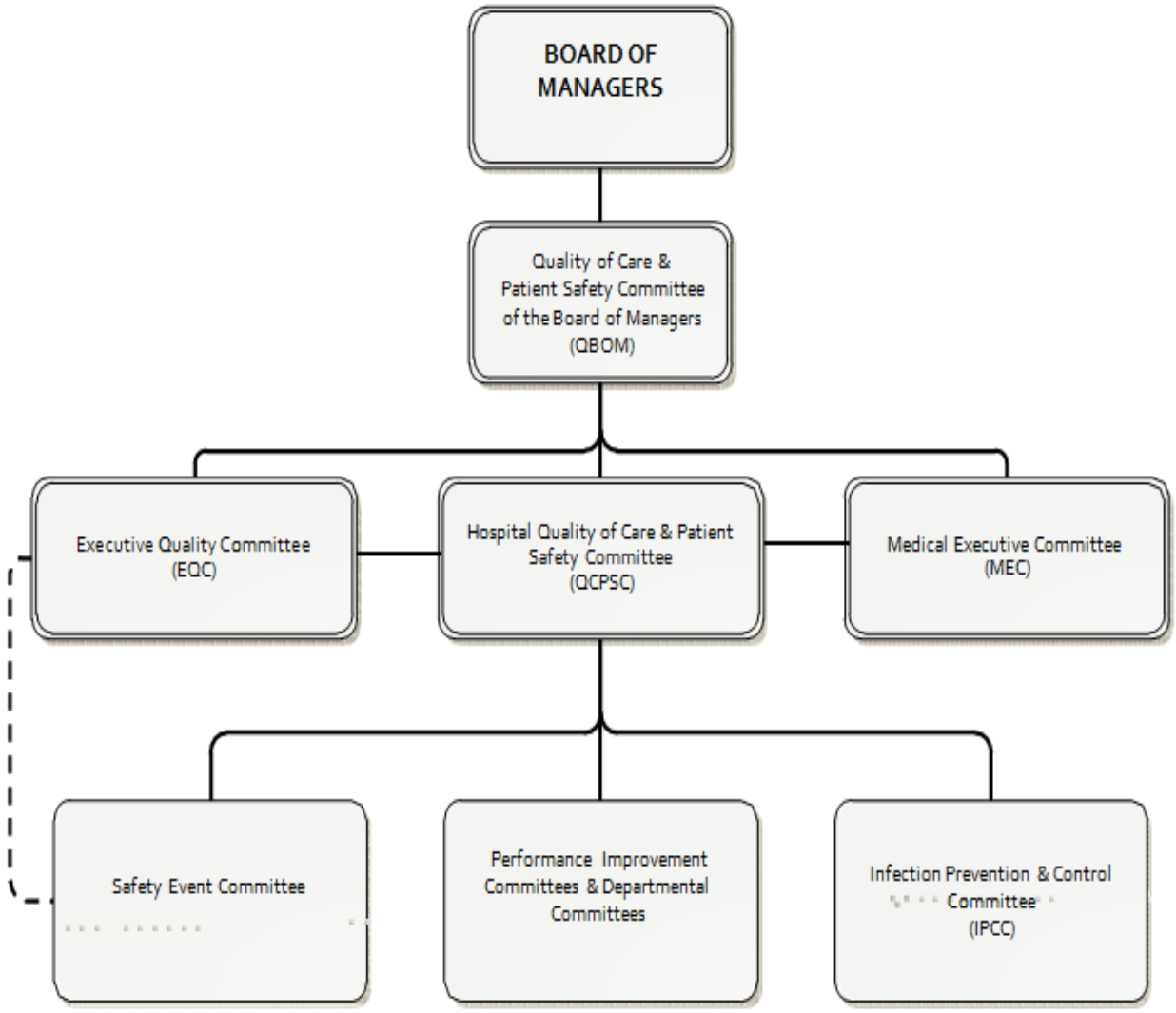
Appendix A – QAPI Program Oversight Structure



Appendix B – Committee Summaries

OVERSIGHT BODY	ROLE/RESPONSIBILITY	REPORTS TO
Quality of Care and Patient Safety Committee of the Board of Managers (QBOM) *Chair: Board Member, Parkland Board of Managers*	The QBOM oversees the Program with the goal of recognizing the critical importance of high-quality service, patient and staff safety, and satisfaction. The QBOM hears regular updates from Parkland's EQC, QCPSC and the MEC regarding the QAPI Plan to foster and improve quality of care and patient safety.	Board of Managers
Hospital Quality of Care and Patient Safety Committee (QCPSC) *Chair: Chief Quality & Safety Officer*	The QCPSC is a multidisciplinary committee composed of clinical, clinical support, operational management, and leadership staff. The QCPSC is led by the CQSO, provides oversight of key Program initiatives, and serves as the final approving body for performance improvement projects.	QBOM MEC
Executive Quality Committee (EQC) *Chair: Chief Quality and Safety Officer*	The EQC is comprised of a cross-functional group of senior leaders who serve as key stakeholders for quality and safety within the health system. This committee meets regularly (usually monthly), and reviews quality and safety related issues and trends that may have an impact at an organizational level.	QBOM
Performance Improvement Committee (PIC) *Chair: Department Chair or his/her designee*	Each PIC is expected to define, prioritize, oversee, and monitor performance improvement activities, including projects, while working to align with the health system's strategic goals. In addition, each PIC is responsible for tracking performance on an established set of metrics relevant to the specific department or service line. PICs follow an agenda that parallels that of the QCPSC, which includes review of safety events, regulatory and infection prevention activity related to the specific area.	QBOM QCPSC
Safety Event Committee *Chair: Vice President of Patient Safety & Clinical Risk Management*	The Safety Event Committee is an interdisciplinary committee comprised of clinical and operational leaders. The Committee is responsible for the review and evaluation of identified potential high risk, high harm patient safety events occurring at any Parkland facility, including but not limited to the hospital, ambulatory surgery center, clinics, business operations and the Dallas County Jail.	EQC
Infection Prevention & Control Committee (IPCC) *Chair: Chief of Infection Prevention*	The IPCC is a multidisciplinary quality and safety committee that addresses reduction of HAIs and pathogen transmission.	QCPSC

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Appendix C – Quality of Care Dashboard Indicators

Measure	Reporting Frequency	Target	Target Notes
Core Measures			
SEP-1 Severe Sepsis and Septic Shock: Management Bundle	Monthly	44.85%	Vizient CMER Tool, Q1 2019 Target: Median of all Vizient AMCs
PC-01 Elective Delivery: Percentage of Babies Electively Delivered Prior to 39 Completed Weeks Gestation	Monthly	2%	Joint Commission average CY2019 from NPIC registry
OP-18b Median Time from ED Arrival to ED Departure for Discharged Patients	Monthly	300 min	Increased volume, COVID constraints, current performance, and performance of similar hospitals
OP-29 Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients	Monthly	98.7%	5% improvement from CY2020 performance
Infections			
CLABSI (Reportable Ratio SIR)	Monthly, Quarterly	≤1	Internal/NHSN Reporting Inpatient Quality Reporting (IQR) CLABSI Standard Infection Ratio (SIR) for CY 2022 at or below ≤1.
CAUTI (Reportable Ratio SIR)	Monthly, Quarterly	<1	Internal/NHSN Inpatient Quality Reporting (IQR) CAUTI Standard Infection Ratio (SIR) for CY 2022 at or below <1
MRSA (Reportable Ratio SIR)	Quarterly	≤1	Internal/NHSN Inpatient Quality Reporting (IQR) CAUTI Standard Infection Ratio (SIR) for CY 2022 will target at or below 1

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Measure	Reporting Frequency	Target	Target Notes
C. Diff (Reportable Ratio SIR)	Quarterly	0.64	Internal/NHSN Inpatient Quality Reporting (IQR) C. Diff Standard Infection Ratio (SIR) for CY 2022 will target at or below 0.64
SSI Colon (Reportable Ratio SIR)	Quarterly	≤1	Internal/NHSN Inpatient Quality Reporting (IQR) COLO Standard Infection Ratio (SIR) for CY 2022 will target at or below 1
SSI Hysterectomy (Reportable Ratio SIR)	Quarterly	≤1	Internal/NHSN Inpatient Quality Reporting (IQR) HYST Standard Infection Ratio (SIR) for CY 2022 will target at or below 1
Mortality			
AMI Mortality	Monthly	2.85%	5% improvement from CY2020 performance
HF Mortality	Monthly	1.05%	5% improvement from CY2020 performance
PN Mortality	Monthly	12.10%	5% improvement from CY2020 performance
COPD Mortality	Monthly	5.31%	5% improvement from CY2020 performance
STK Mortality	Monthly	1.14%	5% improvement from CY2020 performance

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Measure	Reporting Frequency	Target	Target Notes
Patient Safety			
PSI 4 Death among surgical inpatients with serious treatable complications	Monthly	152.91	5% improvement from CY2020 performance
PSI-90 Composite: PSI 3, 6, 8, 9, 10, 11, 12, 13, 14, 15	Monthly	1.53	5% improvement from CY2020 performance
PSI 3 Pressure Ulcer	Monthly	2.48	5% improvement from CY2020 performance
PSI 6 Iatrogenic Pneumothorax	Monthly	0.32	5% improvement from CY2020 performance
PSI 8 In-Hospital Fall with Hip Fracture	Monthly	0.14	5% improvement from CY2020 performance
PSI 9 Postoperative Hemorrhage or Hematoma	Monthly	3.93	5% improvement from CY2020 performance
PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis	Monthly	1.6	5% improvement from CY2020 performance
PSI 11 Post Op Respiratory Failure	Monthly	2.78	5% improvement from CY2020 performance

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Measure	Reporting Frequency	Target	Target Notes
PSI 12 Perioperative PE/ DVT	Monthly	10.85	5% improvement from CY2020 performance
PSI 13 Postoperative sepsis	Monthly	8.91	5% improvement from CY2020 performance
PSI 14 Post Op Wound Dehiscence	Monthly	0.00	5% improvement from CY2020 performance
PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration	Monthly	0.87	5% improvement from CY2020 performance
Readmissions			
READM-30-AMI	Monthly	4.64%	5% improvement from CY2020 performance
READM-30-HF	Monthly	13.16%	5% improvement from CY2020 performance
READMI-30-PN	Monthly	7.29%	5% improvement from CY2020 performance
READM-30-elective THA/ TKA	Monthly	3.52%	5% improvement from CY2020 performance

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Measure	Reporting Frequency	Target	Target Notes
READM-30-COPD	Monthly	11.96%	5% improvement from CY2020 performance
READM-30-HWR (Hospital Wide Readmissions)	Monthly	4.86%	5% improvement from CY2020 performance
Population Health			
COPC Adult-Colorectal Cancer Screening Test Completed	Monthly	90.0 %	HEDIS Medicaid (increased target as performing better than HEDIS target)
COPC Pediatric-HEDIS 2-Yr Old Vaccines	Monthly	70.0 %	HEDIS Medicaid 90th percentile report published 2019
COPC Cervical Cancer Screening (Pap Smear Completed)	Monthly	85%	New metric related to waiver and HEDIS
COPC Pediatric Lead Test (24-29 months)	Monthly	86%	New metric, new initiative for pediatrics related to HEDIS
Correctional Health-Provider follow-up on Clinic/Procedure Visit within 14 days (%)	Monthly	95.0 %	DOJ & Texas Jail Commission Requirements
Correctional Health-Coronary Artery Disease Patients on Aspirin (%)	Monthly	95.0 %	DOJ & Texas Jail Commission Requirements
OPC-Patients on HAART (highly active antiretroviral therapy) have an undetectable viral load of equal or less than 200 copies/ml	Monthly	80.00%	National Benchmark

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Measure	Reporting Frequency	Target	Target Notes
OPC-Completion rate of retinal scan for patients in Diabetes Clinic who had a face-to-face visit with provider	Monthly	80.00%	Internal
OPC Psychosocial distress (PHQ4) screening completed for new oncology patients at first clinic visit	Monthly	95%	New metric

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Appendix D –2021 Performance Improvement Committees (PICs)

Performance Improvement Committees	Other Committees
Population Health Quality Leadership (OPC & COPC)	Anesthesiology
Correctional Health	Blood Utilization Review (BURC)
Emergency Operations	Burn Executive
Gynecology	Trauma Executive
Medicine	
Neonatal Service	
Neuroscience	
Nutrition	
Obstetrics	
Cancer	
Pathology/Laboratory Services	
Pharmacy, P&T	
Physical Medicine & Rehabilitation	
Psychiatry	
Radiology	
Respiratory	
Surgery	
Transplant Program	
HOMES	
Peritoneal Dialysis	
Global Oncology Program	
Critical Care (in the forming phase)	

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Parkland

Approve Patient Settlements

Parkland

Approve Medical Executive Committee Resolution for Appointments/Reappointments, Privileges and Staff Status Changes of the Medical Staff and Non-Physician Clinical Providers

DALLAS COUNTY HOSPITAL DISTRICT
PARKLAND HEALTH

RESOLUTION NO. _____

RESOLUTION

Be it resolved, the Dallas County Hospital District Board of Managers by a vote of _____ YES and ____ NAY, does by this resolution adopt/reject the following:

WHEREAS, the Medical Executive Committee recommends approval of the Appointments/Reappointments, Privileges and Staff Status Changes of the Medical Staff and Non-Physician Clinical Providers as presented.

THEREFORE BE IT RESOLVED that the Board of Managers approves the recommended Appointments/Reappointments, Privileges and Staff Status Changes of the Medical Staff and Non-Physician Clinical Providers.

Dated this 29th of June, 2022

_____	_____
Marjorie D. Petty, JD	Steve Roth, JD, MPH
Chair	Assistant Secretary

Marjorie D. Petty, JD	Yes_____	No_____	Abstain _____	Absent_____
Don O'Bannon, Esq	Yes_____	No_____	Abstain _____	Absent_____
Jeff Tillotson, JD	Yes_____	No_____	Abstain _____	Absent_____
Eric G. Bing, MD, PhD	Yes_____	No_____	Abstain _____	Absent_____
Todd Furniss, JD	Yes_____	No_____	Abstain _____	Absent_____
Robert Martinez, JD	Yes_____	No_____	Abstain _____	Absent_____
Ramon Miguez, PE	Yes_____	No_____	Abstain _____	Absent_____
Farida Minner, RN	Yes_____	No_____	Abstain _____	Absent_____
Elizabeth Palacios, MD	Yes_____	No_____	Abstain _____	Absent_____
John Proctor	Yes_____	No_____	Abstain _____	Absent_____
Lisa Sutter	Yes_____	No_____	Abstain _____	Absent_____

Parkland

CEO Update on System Operations

(Separate Attachment)

Parkland

Review Parkland Health FY23 Budget (1st Pass)

FY2023 Budget Assumptions

Preliminary Draft - Subject to Change & Board Approval

Risk Elements

- DSRIP program discontinued
- HARP program not yet approved
- Revenues growing more slowly than expenses
- Labor market volatility in critical areas including nursing and clinical support areas.
- Benefits expense rising sharply in FY22 in medical benefits (Health Self Funded) with an expected 6% increase in FY23
- Rapidly increasing drug expense in HIV and Oncology medications and continued backlog of court cases in Correctional Health.

Revenue

- 4% increase in Tax revenue
- 2% increase in Medicare
- Reduction in MCare UC-DSH
- 3% increase in commercial payments
- 16% reduction in MCaid DSH
- 20% reduction in NAIP
- Loss of DSRIP not completely covered by increased CHIRP and two new programs, TIPPS and HARP

Volumes

- Patient Days increasing 1.1%
- Discharges increasing 1.7%
- Deliveries steady with a 0.1% increase
- ED/UC visits increasing 0.6%
- Outpatient Clinic Visits increasing 2.5%
  - COPC 3.0%
  - OPC 3.0%
  - WISH 1.5%

Expense

- FTE/Staffing correlated to new benchmarked standards
- Market adjustments of $30M plus Merit of 3% of salaries expense
- Benefits expense increasing 6%
- Supplies increasing by 4% due to inflation
- Drug expense increasing 7%
- Insurance (liability) increasing 13% in various lines of coverage
- Purchased Medical Services increasing 8%

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Parkland

FY2023 Budget Review

June 29, 2022

Parkland

Governmental Revenue
Comparison of Significant Changes

Amounts in millions

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	FY22 Forecast	FY 23 Budget	Variance
Cost Report Allowances	51,969	37,432	(14,537)
Government Subsidies	473,298	445,086	(28,212)
Tax Revenue	765,614	796,239	30,625
Stimulus Funds	15,608	-	(15,608)
Variance			(27,732)

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Governmental Revenue
Comparison of Significant Changes

Cost report allowances

- Reduced DSH-UC payments due to reduced federal allocation
- Parkland should receive a consistent share of reduced allocation

Tax revenues

- Planned 4% increase, consistent with past several years

Stimulus funds

- No further funds are expected for hospital organizations
- Audits underway and no refunds anticipated from Parkland

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Significant Supplemental Variances

DSH

- Program changes and expected loss of enhanced FMAP result in loss of $13 million

DSRIP

- Program ending in FY22, decreased funding $80 million annually

Medicaid UC

- CMS approved UC of $4.5 billion (above expectations $0.6B)
- Parkland expects about $22 million in additional payments

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Significant Supplemental Variances

Hospital Augmented Reimb Program (HARP)

- Awaiting CMS approval for program
- Included half value ($49 million) in FY22 forecast
- Included full value ($88 million) in FY23 budget

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FY2023 Expense Assumptions

Expense Assumptions

- FTE/Staffing correlated to new benchmarked standards
- Salaries & Benefits
  - Market and living wage increases of $30M
  - 3.0% merit increase
  - Benefits expense increase of 6.1%
  - Expected reduction of $68M related to COVID
- Medical/Surgical Supplies
  - 4.0% increase for inflation
- Drugs
  - 7.0% increase

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FY2023 Expense Assumptions

Expense Assumptions - Continued

- Fees
  - 6.3% increase overall
  - $6M attributed to SaaS
- Insurance Premiums
  - 13.1% increase attributed to inflation and COVID
- Purchased Medical Services
  - 8.5% increase

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FY2023 FTE Assumptions

Establishing Department Productivity Targets

- Target setting using historical performance, benchmarking data and future assumptions to identify a fair and realistic target.

- Productivity target determines the budgeted productive FTEs based on budgeted volume for "variable" departments and historical FTE utilization for "fixed" departments.

Current FTE counts

- FY22 Budget: 10,780 Productive / 12,376 Paid
- FY22 Actual (as of May 2022): 10,511 Productive / 11,947 Paid
- FY23 Target: 10,525 Productive* / 12,113 Paid*

* Does not include the FTE increases based on new initiatives, etc.

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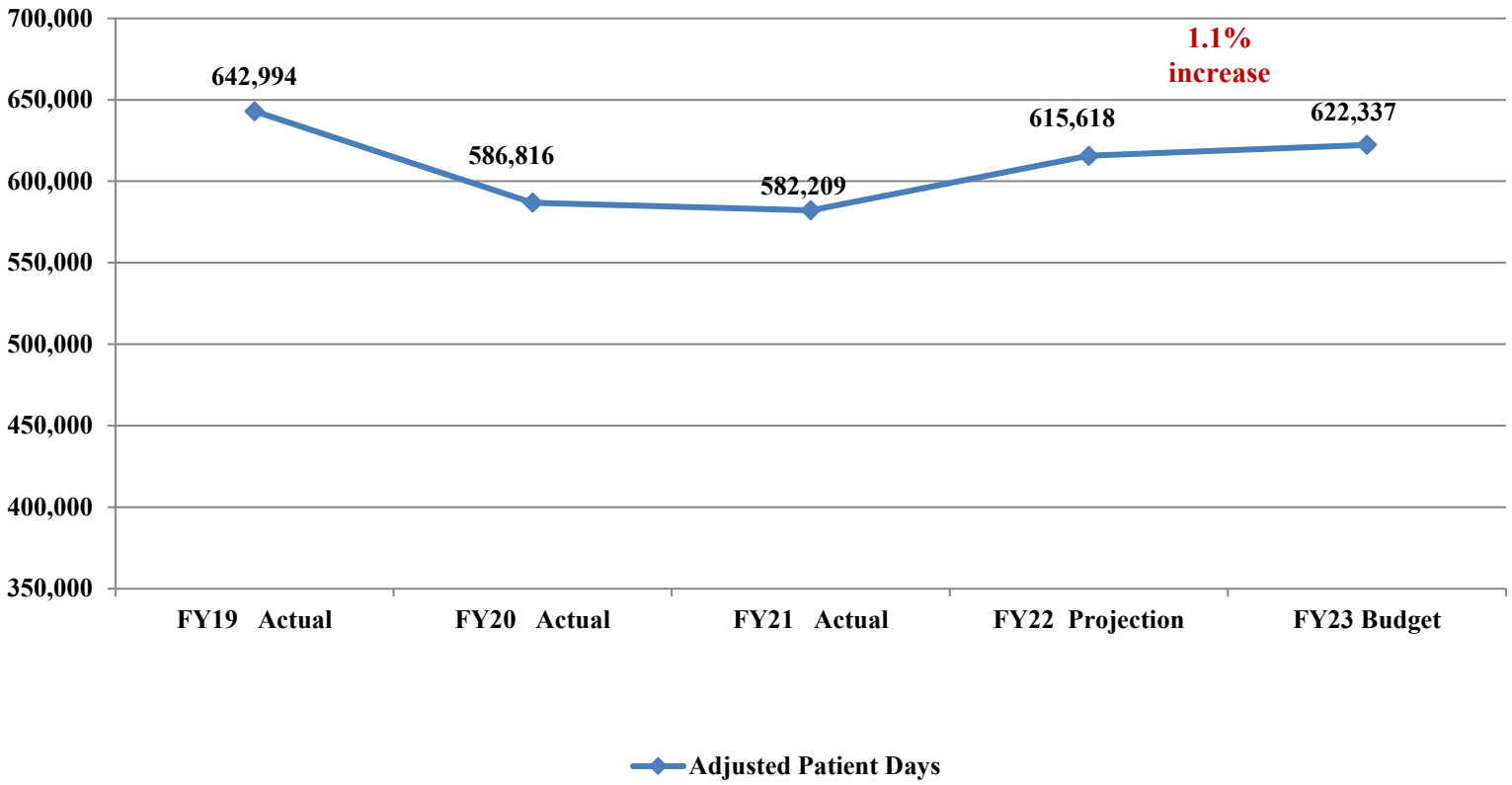
FY 2023 Volume Trends

Adjusted Patient Days



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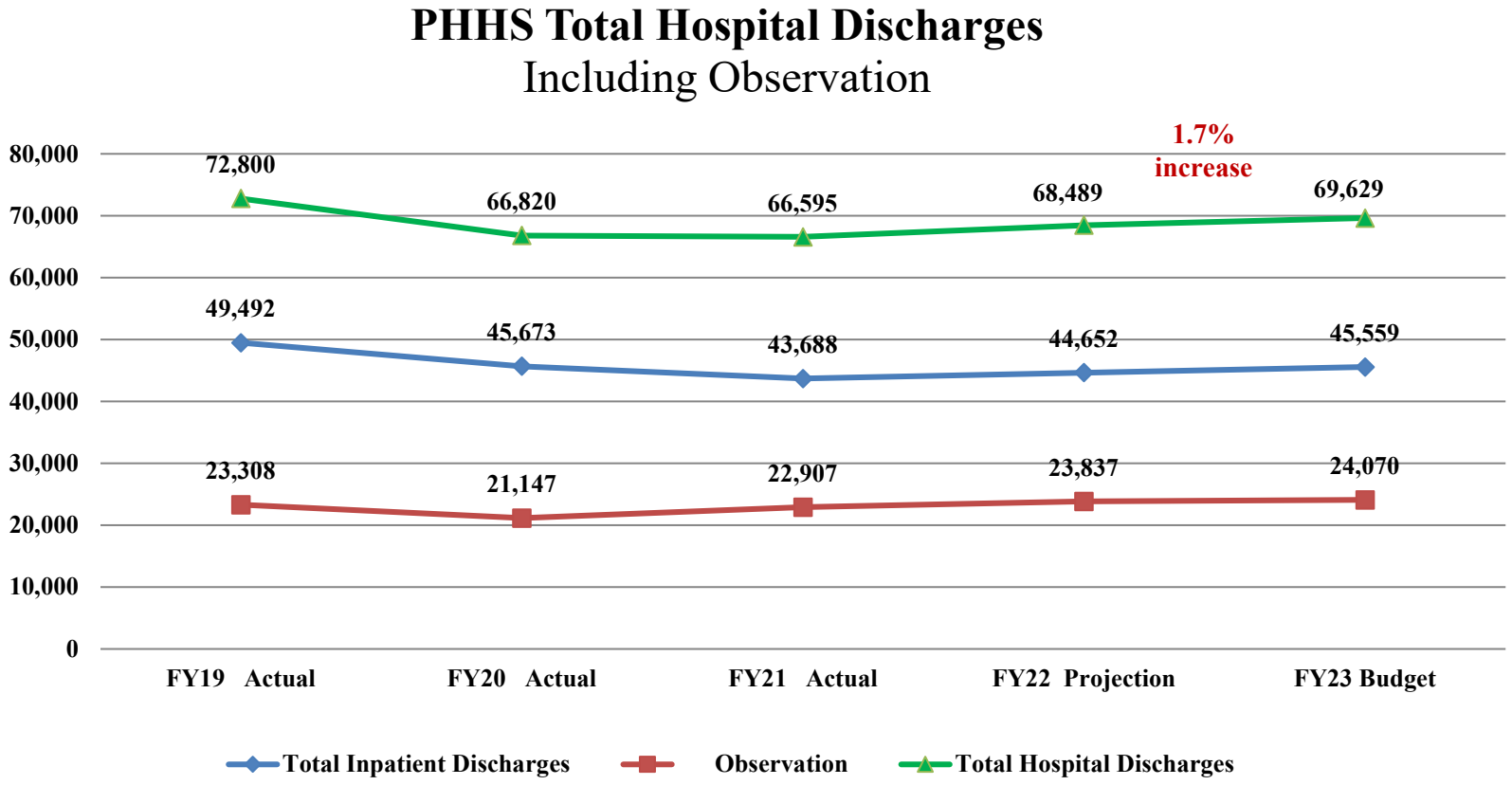
FY 2023 Volume Trends



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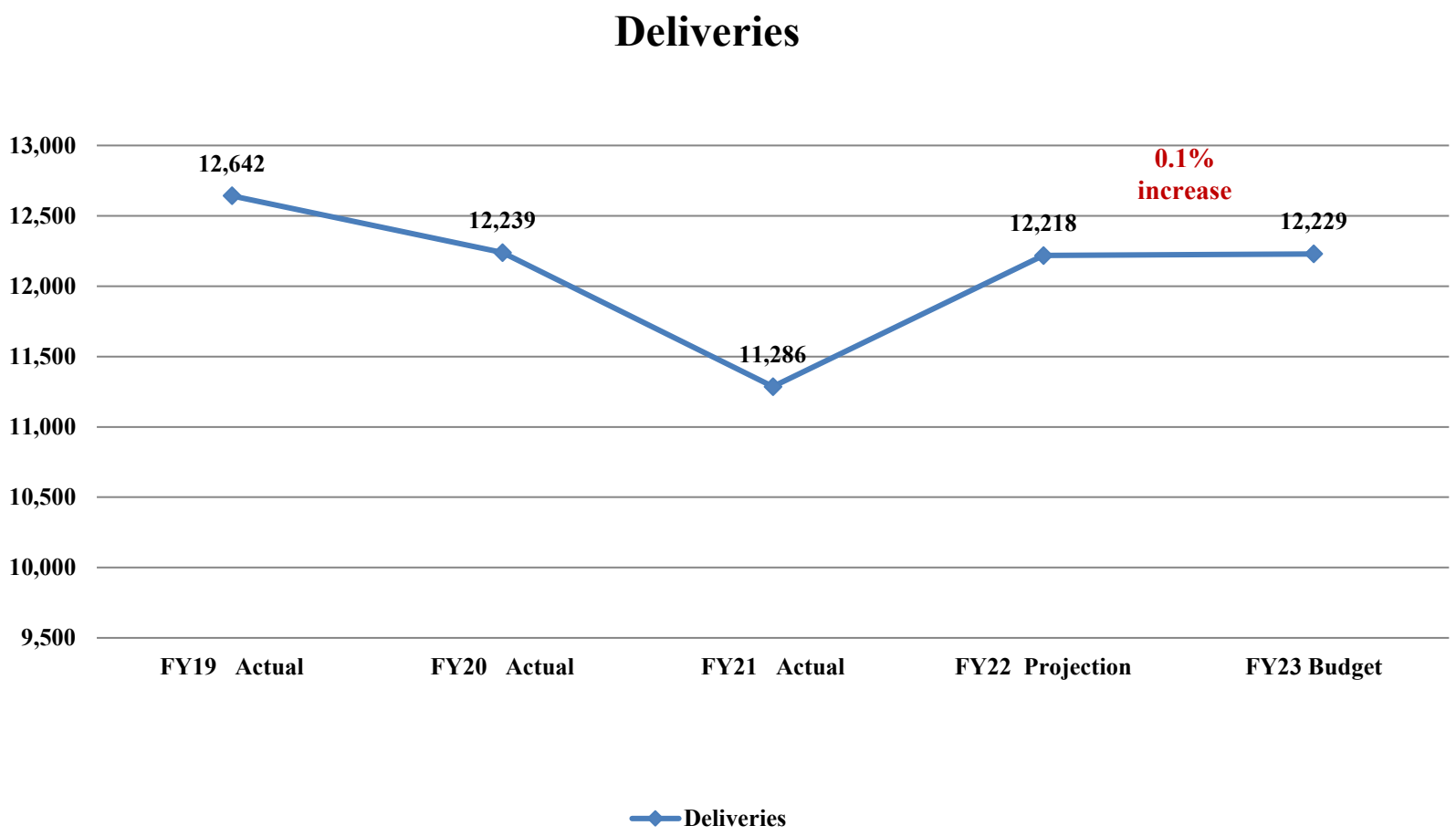
FY 2023 Volume Trends



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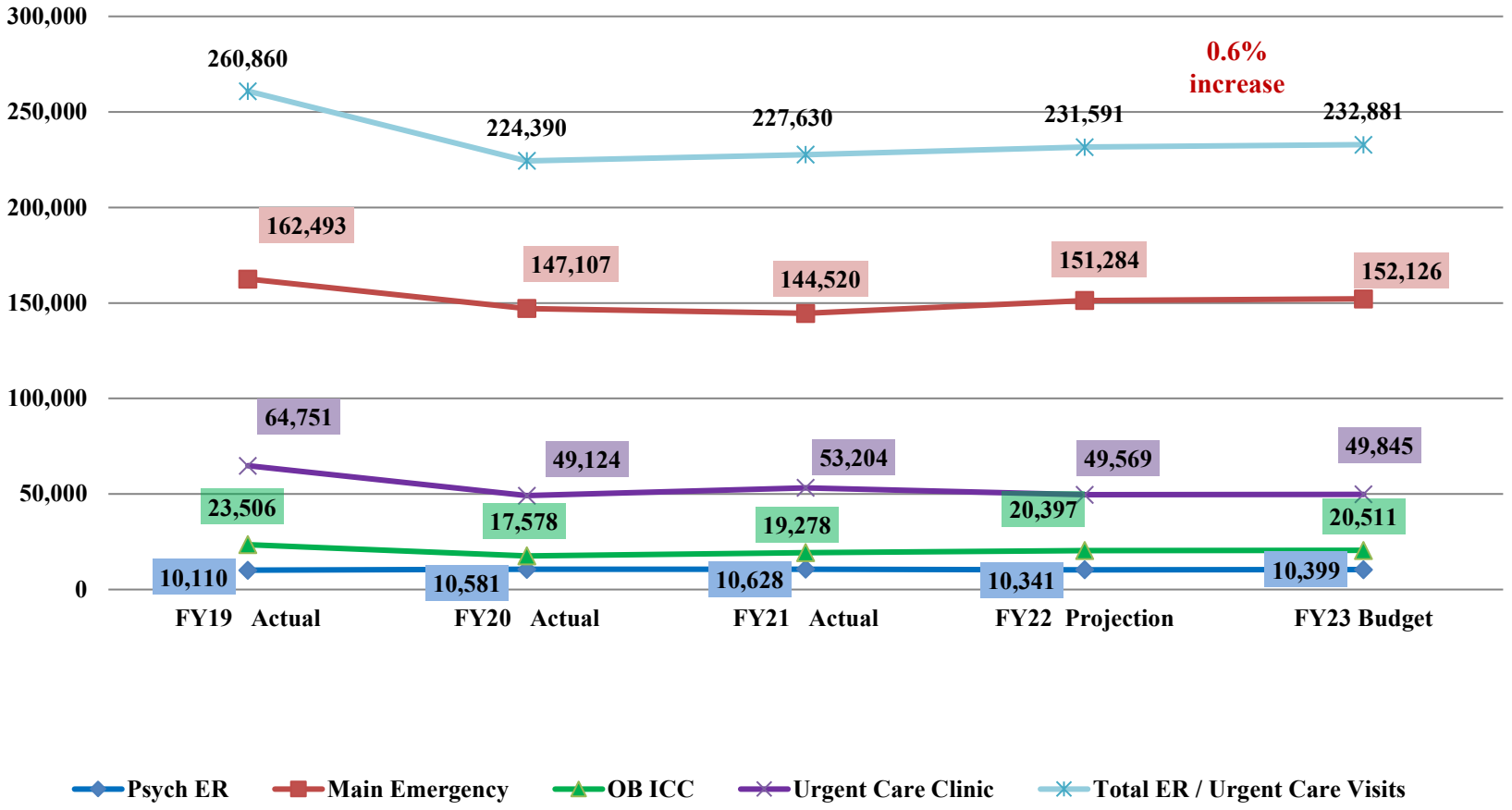
FY 2023 Volume Trends

ER / Urgent Care Visits



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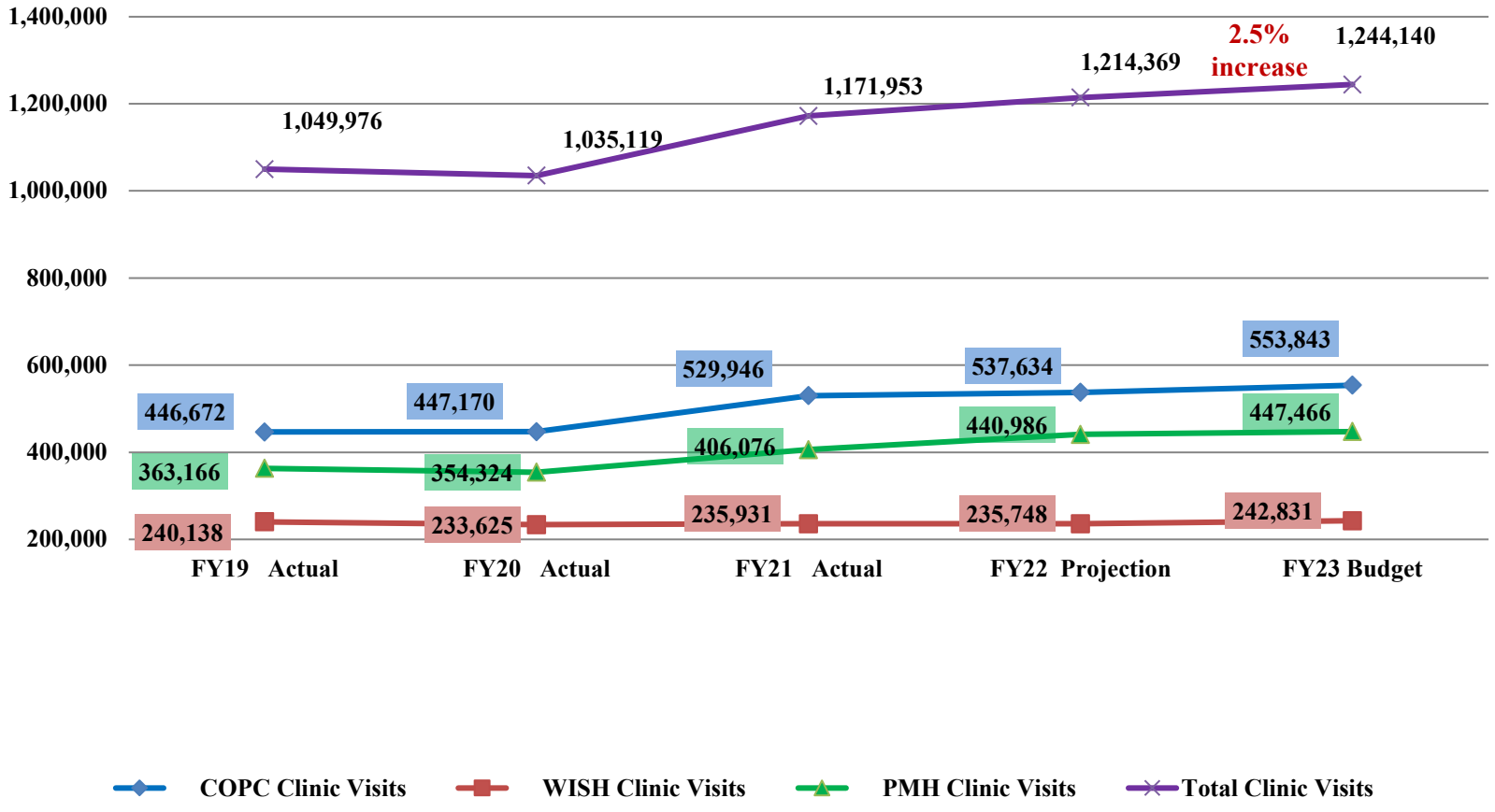
FY 2023 Volume Trends

Outpatient Clinic Visits



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Income Statement Projections

	PHHS Projected 2022	Nursing Homes Projected 2022	PHHS Projected Combined 2022	PHHS Budget 2023	Nursing Homes Budget 2023	PHHS Budget Combined 2023
OPERATING REVENUES						
Net Patient Revenue	976,924	299,320	1,276,243	966,035	294,836	1,260,871
Net Ad Valorem Taxes	765,614	-	765,614	796,239	-	796,239
Government Programs	473,298	-	473,298	445,086	-	445,086
Other	204,948	45,080	250,028	186,088	40,567	226,655
Total Operating Revenues	2,420,784	344,400	2,765,184	2,393,447	335,403	2,728,850
OPERATING EXPENSES						
Salaries and Benefits	1,320,450	169,887	1,490,337	1,340,581	180,705	1,521,285
Purchased Medical Services	270,846	-	270,846	295,146	-	295,146
Supplies/Drugs/Other	658,575	160,957	819,532	697,626	142,590	840,216
Subtotal Operating Expenses	2,249,871	330,844	2,580,716	2,333,352	323,295	2,656,647
OPERATING CASH FLOW MARGIN	**170,913**	**13,555**	**184,468**	**60,095**	**12,108**	**72,203**
Depreciation	82,757	163	82,921	79,998	218	80,216
OPERATING INCOME (LOSS)	88,155	13,392	101,547	(19,903)	11,890	(8,013)
NON-OPERATING REVENUES/EXPENSES						
Non-operating Revenue	37,728	883	38,612	47,183	1	47,184
Non-operating Expense	27,173	26	27,199	27,169	28	27,198
Subtotal Non-Operating Rev/Exp	10,555	857	11,413	20,014	(28)	19,986
Net Income (Loss) before Capital Contributions	**98,711**	**14,249**	**112,960**	**111**	**11,862**	**11,973**
Capital Contributions	-	-	-	-	-	-
Total Net Income (Loss)	98,711	14,249	112,960	111	11,862	11,973

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FY2023 Preliminary Tax Revenue

- Preliminary information regarding taxable valuations indicates an estimated increase of about 6%
- Parkland assumes the current tax rate of $0.2490 for FY2023 of which $0.0118 is for debt service
- Parkland seeks to cap its tax revenue increase at 4%
- Current year tax collection percentages remain constant at approximately 99%

*Final rate to be determined upon receipt of the certified tax rolls

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Tax Rate Trends

Tax rates are trending downward as property values increase:

Fiscal Year	Tax Rate
2016	$ 0.2860
2017	$ 0.2794
2018	$ 0.2794
2019	$ 0.2794
2020	$ 0.2695
2021	$ 0.2661
2022	$ 0.2550
2023	* $ 0.2490

* Preliminary, subject to certification of values

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FY 2023 Debt Financing Levy

We expect a modest decrease in the debt service tax rate for FY 2023 from the FY 2022 budget assuming a 6% increase in taxable values

Required Debt Service Rate using estimated December 31, 2021 Taxable Values

(Dollars in Millions)

	FY2022	FY2023
2009 Series Debt Service - Interest	$ 22.8	$ 22.8
2009 Series Debt Service - Principal	-	3.4
Normal Federal Subsidy – Build America Bonds	(8.0)	(8.0)
Subsidy Sequestration	0.5	0.5
2019 Series Debt Service – Interest	7.8	7.1
2019 Series Debt Service - Principal	14.3	11.7
Tax Requirement - Debt Service	$ 37.4	$ 37.5
Estimated Tax Base	$296,489	$318,391
Tax Rate per $100 (Dollars)	$0.0126	$0.0118
Voter Approved Debt Service Rates	$0.0250	$0.0250

The tax rate excludes $1.4 million of debt service on the 2013 bonds which are financed by parking revenues up to $3 million annually.

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Calendar

- July 26th : First Presentation to Finance Committee
- July 27th : First Presentation to Board of Managers
- August 16th: First Presentation to Commissioners Court

- August 23rd : Final Presentation to Finance Committee
- August 24th : Final Presentation to Board of Managers and Vote on Budget & Resolution
- September 6th : Final Presentation to Commissioners Court and Public Hearing and Vote

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Questions & Discussion Related to FY23 Budget

Parkland

Talent Development Executive Compensation (TDEC) Committee Update

Talent Development and Executive Compensation Committee

- Compensation Update
- Workforce Experience
- Enhanced Benefits

Parkland

Questions & Discussions Related to Talent Development & Executive Compensation (TDEC) Committee Update

Parkland

Executive Session

Quality of Care & Patient Safety Committee Update

Parkland

Executive Session

Questions & Discussion Related to Quality of Care & Patient Safety Committee Update

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Approve Board Bylaws

Parkland

Executive Session

Presentation Regarding Campus Security

Parkland

Executive Session

Questions & Discussion Regarding Campus Security

Parkland

Executive Session

Personnel Matters Pertaining to Duties and Responsibilities of Chief Executive Officer

Parkland

Executive Session

Personnel Matters Pertaining to Duties and Responsibilities of Board Members

Parkland

Executive Session

Personnel Matters Pertaining to Duties and Responsibilities of Chief Executive Officer

Medical Executive Committee Credentialing Report

Medical Executive Committee
Delineation of Privileges
Urology

Medical Executive Committee
Delineation of Privileges
Psychiatry

Medical Executive Committee
Delineation of Privileges
Ambulatory Medicine

Medical Executive Committee Delineation of Privileges Neurosurgery

Patient Settlements