Minutes of the Quality of Care and Patient Safety Committee meeting of the Board of Managers of the Dallas County Hospital District, held Tuesday, July 23, 2024, scheduled for 9:30 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 Elizabeth Palacios, MD, noted that a quorum was physically present and called the meeting to order at 9:32 am. Committee members Todd Furniss, JD; and Byron Cryer, MD attended in-person.

Board Member attendees included: Board Chair Marjorie Petty, JD, Reina Gonzalez, JD; Vincent Hall, and Ramon Miguez PE.

Staff Present (via Webex and in-person) included:
Anthony E. Tarango Mgr., Nursing
Breanne Ward, Nursing
Carmen Bowling, Interim SVP Nursing
Catherine Chen, Internal Medicine via Webex
Chris Hall, Neurology Critical Care UTSW via Webex
Cookie More, Director of Nursing via Webex
Daniel Lamus, Interventional Radiology UTSW via Webex
David Alexander, SVP Nursing
Dawn Marchetto, SVP Nursing
Edmundo Castañeda, EVP & Chief Operating Officer
Felicia Miller, EVP & Chief Talent Officer
Fred Cerise, President & CEO
Gretchen Blake, VP Quality & Clinical Effectiveness
James Griffin, President of the Medical Executive Committee
Jenni Burnes, VP Ancillary Services via Webex
Joseph Chang, SVP & CMO
Joe Longo, SVP/Chief Information Officer
Judy herrington, SVP Nursing via Webex
Karen Garvey, VP Safety & Clinical Risk Management
Kathleen Doherty, VP Nursing Surgical Services
Lydia DeJong, Director Regulatory & Acc Affairs via Webex
Michael Lane, SVP Chief Quality Safety Officer
Morgan Simmons, Governance Program Coordinator
Navid Sadghi, Internal Medicine UTSW via Webex
Nneka Egbuniwe, Deputy General Counsel
Noel Santini, VP, Ambulatory & Pop Med via Webex
Pedro Fernandez, Adult Psychiatry
Saul Cordero, SVP & Chief Governance & Strategy Officer
Sobha Fuller, SVP Nursing
Steven Roth, EVP Chief Legal Office

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. Executive Session – Quality & Patient Safety Operations Section

At 9:33 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:

Carmen Bowling, Dawn Marchetto, Edmundo Castañeda, Felicia Miller, Fredrick Cerise, Gretchen Blake, James Griffin, Joseph Chang, Judy Herrington, Karen Garvey, Kathleen Doherty, Morgan Simmons, Saul Cordero, Sobha Fuller, and Steven Roth.

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

A. Update and Report by Chief Quality and Safety Officer
   a. Briefing from Executive Quality Committee (EQC)
   b. High Reliability Organization (HRO) Update, including a report on HRO activities and goals for 2020-2026 Strategic Plan

B. Review of Safety Event Cause Analysis (CA) Case(s)
   1. Cause Analysis (CA) Case Reviews and Guide

C. Update and Report Regarding Regulatory and Accreditation Affairs Activities, Tracers, and Auditing Program Report
   a. *Quarterly update on regulatory surveys, rounding for continuous survey-readiness, enterprise awareness of new requirements, etc.*

D. Update and Report Regarding Quality-Related Key Performance Indicators (KPIs)

a. Department Performance Improvement Committee (PIC)/ Clinical Quality Committee (CQC) Annual Presentation(s) *Annual report from service lines related to quality and safety.*
    i. Neuroscience PIC

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

VI. Possible Deliberation on the Following:

A. Executive Summaries
Overview of QSO departmental reports

B. Quality of Care Dashboard
Monthly update of quality key performance indicators (KPIs)

C. Cause Analysis (CA) Log
List of upcoming cause analysis case reviews

D. Update and Report by Parkland Nursing Home Administration Quality Report
Biannual report on key performance indicators

E. Regulatory & Accreditation Affairs Complaint and Quality Review Investigations
Summary of complaints and review by regulatory agencies

F. Quality and Safety Operations FY2025 Annual Budget

G. SYS.PI.001 Quality Assessment & Performance Improvement (QAPI) Program – Executive Summary
Overview of proposed policy changes/revisions and approval path

H. SYS.PI.001 Quality Assessment & Performance Improvement (QAPI) Program – Redline
Marked copy showing changes/revisions to policy

I. SYS.PI.001 Quality Assessment & Performance Improvement (QAPI) Program – Final
Proposed Final version of policy: SYS.PI.001 Quality Assessment & Performance Improvement (QAPI) Program – final version

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

James D. Griffin, MD, President of the Medical Executive Committee, discussed the items posted on the agenda starting at 10:32 am.

A. Consideration and Appropriate Action regarding Appointments/Reappointments
    1. Medical Staff & Non-Physician Clinical Providers to Parkland Health
        a. Credentialing Report

The Board asked questions and received additional information.

VIII. Executive Session: Discussion regarding report and/or information provided by the Chief Quality Safety Officer and related items on this agenda.
The Committee conducted a discussion with the CQSO, Dr. Mike Lane.

IX. Executive Session: Discussion regarding report and/or information provided by the Medical Executive Committee President and related items on this agenda.
The Committee conducted a discussion with the Medical Executive Committee President, Dr. James Griffin.

Chair adjourned Executive Session and moved into Open Session at 11:16 am.

X. Action Items (Open Session)

A. Consideration and Appropriate Action Regarding: SYS.PI.001 Quality Assessment & Performance Improvement (QAPI) Program
   1. Approval of Policy: SYS.PI.001 Quality Assessment & Performance Improvement (QAPI) Program
      a. Consideration and Appropriate Action Regarding: Quality and Safety Operations FY2025 Budget
      b. Approval of Budget: Quality and Safety Operations FY2025 Budget

B. Consideration and Appropriate Action Regarding Medical Executive Committee Resolution for Appointments/Reappointments, Privileges and Staff Status Changes of the Medical Staff and Non-Physician Clinical Providers
   1. Approval of the Credentialing Report
      a. Consideration and Appropriate Action Regarding: REG-03 Adoption of Medical Staff Rules and Regulations
      b. Approval of REG-03 Adoption of Medical Staff Rules and Regulations
   2. Consideration and Appropriate Action Regarding: SYS.PI.001 Quality Assessment & Performance Improvement (QAPI) Program

Todd Furniss, JD, motioned to recommend Board approval of the Consent Agenda. Byron Cryer, MD, seconded the motion. The motion passed unanimously.

Todd Furniss, JD, motioned to recommend Board approval of the Medical Executive Committee Recommendations. Ramon Miguez, PE, seconded the motion. The motion passed unanimously.

XI. Follow-Up Requests: None

XII. Closing Remarks

XIII. **Adjourn**
With no further business to discuss, Committee Chair Elizabeth Palacios, MD, adjourned the meeting at 11:17 am.

SO RECORDED:

Elizabeth A Palacios, MD
Elizabeth A Palacios, MD (Sep 3, 2024 17:37 CDT)
Elizabeth Palacios, MD
Committee Chair

Steven J Roth
Steven J Roth (Sep 7, 2024 12:49 CDT)
Steven Roth, JD, MPH
Assistant Secretary