Parkland

Governance, Compliance and Ethics

Agenda

Committee Members
Chair: Reina Gonzalez, JD
Eric G. Bing, MD, PhD
Byron Cryer, MD
Ramon Miguez, PE
Lisa Sutter

Agenda for the ***Governance, Compliance and Ethics Committee Meeting of the Board of Managers*** meeting of the Dallas County Hospital District is scheduled for ***Wednesday, February 5, 2025, at 11:00 AM***, at 5200 Harry Hines Blvd (WISH Building) Dallas, TX 75235, Executive 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: 2632 928 2482; meeting password: 1234) to join the meeting. The ***Governance, Compliance and Ethics Committee*** 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), 551.087 (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 ***Governance, Compliance and Ethics Committee*** 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. Declare a Quorum Present/Call to Order/Mission Statement ***Advance Wellness | Relieve Suffering | Develop and Educate*** **I CARE** **I**ntegrity **C**ompassion and Collaboration **A**ccountability **R**espect **E**quity			Chair
II. Public Comments Regarding Agenda Items *See public comment registration information and rules at https://www.parklandhospital.com/board-of-managers*			

	PAGE	TIME (MIN)	PRESENTER(S)
III. Reports Requiring Deliberation(s) or Possible Action			
A. Brief Introduction to the 2025 Compliance and Ethics Program Functions Assessed by Lisa Taylor from Ankura	*4-11*	10	Melanie Roberts
B. Deliberation and Possible Action of Proposed Changes to Parkland Policy i. *SYS.BOP.07, Records and Information Management*	*12-19*	10	Steven Roth, JD
IV. Executive Session Tex. Health & Safety Code §§161.032 & 161.0315 and Tex. Occup. Code §160.007; Tex. Gov't Code §§551.071			
A. Compliance and Ethics Report (Tex. Health & Safety Code §§161.032 & 161.0315 and Tex. Occup. Code §160.007) i. Accounting of Disclosures (AoD) PHI Inventory Project Status ii. Conflicts of Interest Program Activities iii. Compliance Program Evaluations iv. Code of Conduct and Ethics Revisions v. Program Development Work Plan Activities Nursing Homes & HRSA	*20-33*	30	Melanie Roberts
B. Attorney-Client Privileged & Confidential Quarterly Report of Open Compliance Reviews (Tex. Gov't Code §551.071)	*34-35*	25	Roshan Thayil Steven Roth, JD
C. Discussion Regarding Report and/or Information Provided by the Chief Compliance & Ethics Officer and Related Items on this Agenda (Tex. Health & Safety Code §§161.032 & 161.0315 and Tex. Occup. Code §160.007)	*36*	15	Melanie Roberts

	PAGE	TIME (MIN)	PRESENTER(S)
V. Possible Deliberation Regarding Documents Received by the Committee **A.** Fiscal Year Quarter One (FQ Y1) and Year-to-Date (YTD) Compliance Department Reports: i. Sanction Screening Results ii. Conflicts of Interest Program Activities and Dashboard iii. Education and Training Activities iv. Auditing and Monitoring Activities Dashboard v. Investigations Unit Dashboard with Description of Industry Benchmark Categories vi. Work Plan, Departmental Goals and/or Objectives Dashboard vii. Key Performance Indicators	*36-69*		Chair
VI. Action Item A. The Board may take action on any agenda item(s) above			Chair
VII. Closing Remarks			
VIII. Adjourn			

III. Reports Requiring Deliberation(s) or Possible Action

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III. Reports Requiring Deliberation(s) or Approval

III (A). Brief Introduction to the 2025 Compliance and Ethics Program Audit Functions Assessed by Lisa Taylor from Ankura.

Parkland Health – Compliance Assessment Overview

December 2024

Last modified: 1/23/2025 6:58 PM

Parkland Health - Ankura Team

Assessment Lead

Lisa Taylor

Lisa is an expert in Compliance and Privacy. She has developed and implemented effective and efficient compliance and privacy programs in both healthcare and manufacturing. Lisa utilizes lean processes to assist clients in implementing effective and efficient compliance and privacy programs.

Assessment SME

Kasie Ray

Kasie is an experienced compliance professional with expertise in multiple areas including healthcare compliance, federal grant compliance, and Human Resources. She is primarily focused on assessing the development, implementation, and effectiveness of compliance programs for healthcare systems.

Assessment SME

Samir Almhiemid

Samir has experience in various areas of healthcare operations that include HIPAA Privacy, CURES Act compliance, and clinical research budgeting/negotiations. Primarily, he focuses on the evaluation and development of privacy programs for healthcare systems.

Assessment SME

Meera Patel

Meera has experience conducting compliance and privacy effectiveness and risk assessments for various healthcare entities. She has drafted multiple compliance and privacy policies, performed due diligence on company documents, and prepared reports with actionable recommendations.

Engagement Overview

- Ankura will assist Parkland Hospital's officers, senior management, and board committees execute the company's overall mission and strategic objectives by measuring, prioritizing, & mitigating risk and optimizing the design and implementation of the compliance priorities.
- Our work recognizes the need for organizations to operate in a cost-effective manner, to demonstrate outcomes that align with the organization's values and strategies, and, when possible, to make contributions to the organization's bottom line through demonstrable risk avoidance and operating efficiencies.
- We encourage clients to think about compliance in unique ways that can distinguish their organizations.
- Ankura provides expert advice and support on organizational matters that keeps pace with today's increasing regulatory scrutiny.
- Scope of Parkland Hospital's assessment to include:

Year 1

- Compliance risk profile
- Program administration
- Policies and procedures
- Education and training
- Auditing and monitoring
- Reporting and investigation
- Screening
- Risk assessment and program priorities

Year 2

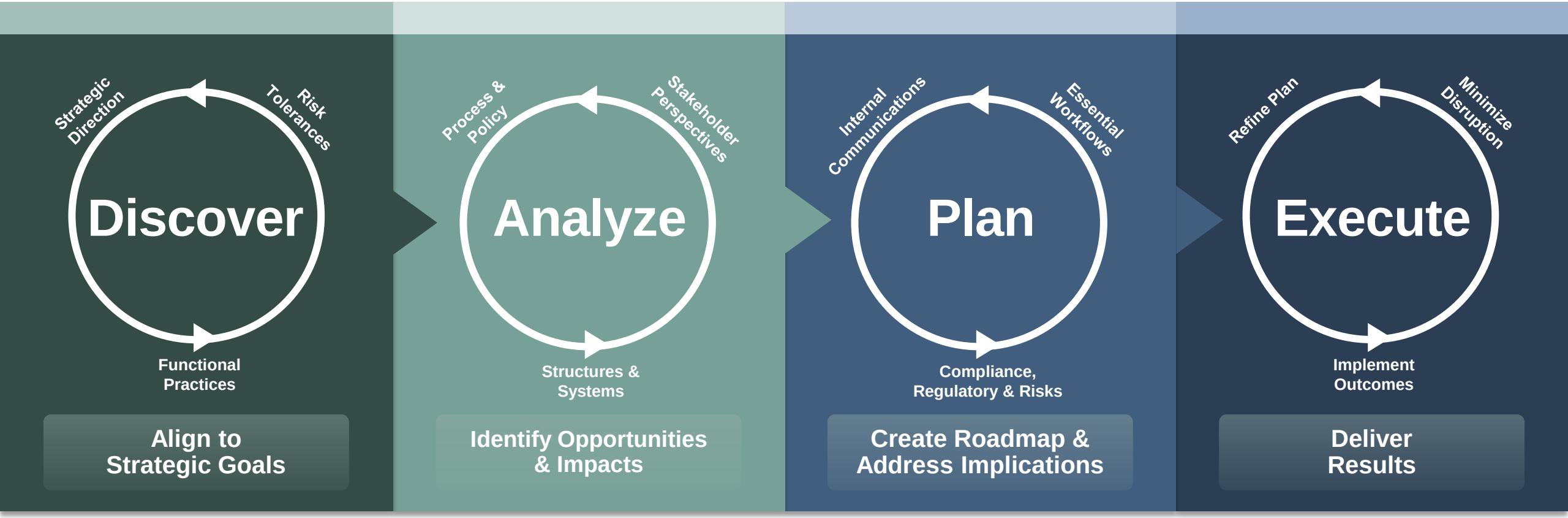
- Review Corrective Action Plan and conduct Sustainability Assessment.
- Provide preliminary Sustainability Report by the first day of the third month of year 2.
- Provide final Sustainability Report by the end of the third month of year 2.

Year 3

- Consultation as requested.
- Facilitate existing compliance processes.
- Execute Compliance Program Needs Assessment recommendations.
- Provide project-specific support and deliverables that require subject matter experts, as needed.

Ankura's Approach – Initial Compliance Program Assessment

Drive rapid results via a disciplined but flexible approach that pinpoints critical areas for performance enhancement and risk mitigation.

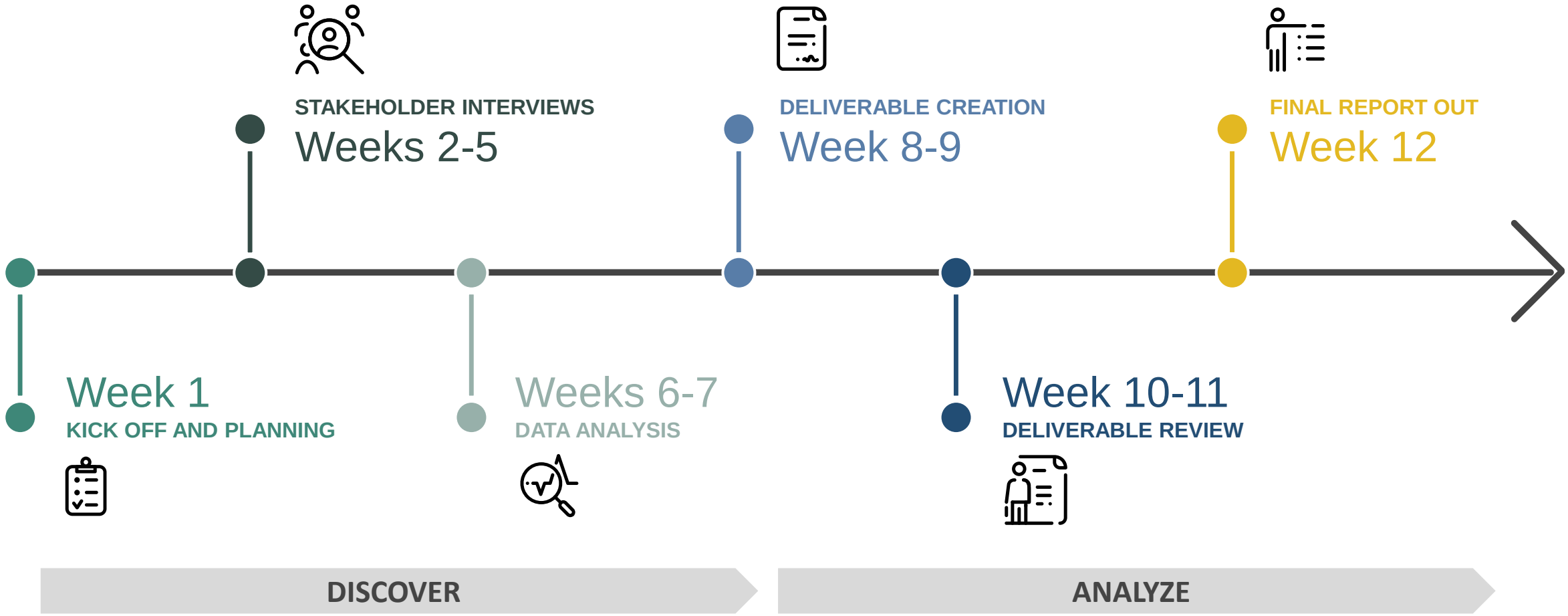


Phase 1: Current Scope

Phase 2

Timeline

High-level timeline* of activities for the Compliance Program Assessment



** Timeline dependent on client availability*

Thank you!

III. Reports Requiring Deliberation(s) or Approval

III (B). Deliberation and Possible Action of Proposed Changes to Parkland Policy

i. *SYS.BOP.07*, *Records and Information Management*

SYS.LEG.007

Requirements regarding this document are found in:

- The State of Texas Local Government Records Act

Background:

- Last published 12/15/21.
- Management is recommending only minor changes to update to Parkland Health, and clarify Scope.

Approvals:

- Director of Policies and Procedures
- Denise Pickett, Director if Records & Information Management
- Health Records Governance Committee (11/13/24)
- Board of Managers Governance, Compliance, and Ethics Committee (scheduled 2/5/25)
- Board of Managers (scheduled 2/26/25)

PURPOSE:

In accordance with the State of Texas Local Government Records Act (Title 6, Subtitle C, Local Government Code), the Dallas County Hospital District d/b/a Parkland Health ~~& Hospital System~~ has established a Records and Information Management (RIM) Program. The overall intent of this program is to provide efficient, effective, and standardized control over the creation, organization, maintenance, use, retention, and disposition of all Parkland records and information.

Ciel Murphy
Including the affiliates is covered in the Definition of "Workforce member".
Reply

SCOPE:

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

PROCEDURE:

1. Parkland's Records and Information Management ("RIM") program oversees the management of Parkland's records and information through RIM staff, committees, processes, systems, and procedures. Major objectives of the RIM program include but are not limited to the following:
   A. Adhere to applicable statutory and regulatory requirements for the management and retention of Parkland's records and information.
   B. Assist Workforce Members in complying with Parkland policies and procedures; including providing training and tools to enable effective management of information.
   C. Facilitate business needs in the maintenance, retention, and availability of records and ensure accurate records and information are available when needed.
   D. Utilize cost-containment processes and fiscal responsibility in managing Parkland records and information.
   E. Mitigate risk associated with Parkland's information assets.

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F. Strategically manage the direction of Parkland records and information assets and work with stakeholders to anticipate future needs.

2. This policy is for general guidance and is not intended to provide all-inclusive direction on records and information management issues. Workforce Members should address specific questions with their supervisor, Department Records Coordinator, or contact the Records and Information Management department at PHHS.RIM@phhs.org. If any Workforce Member is destroying documents without appropriate RIM permission, contact the Director of Records and Information Management or the Parkland Integrity Line as described in the Parkland Code of Conduct and Ethics.

3. Responsibility & Ownership:

   A. All Parkland Workforce Members and/or other individuals acting on behalf of Parkland are responsible for managing Parkland's records and information assets according to this policy and associated processes and procedures. All Workforce Members have responsibility for the information and records they create, use, receive, and/or store. Periodic review of records and information by employees or departments should encompass all formats, storage media, and locations.

   B. Records and information created, produced, received, and/or used in relation to Parkland business activity, or otherwise managed by third-party entities on behalf of Parkland, are Parkland's property. Records and Information do not belong to individual Workforce Members or third parties regardless of involvement in creation and/or use.

   C. All Workforce Members must maintain the privacy and security of Parkland Records and Information. Workforce Members must take measures to ensure records and information are in safe and secure locations and protected from environmental and other potential hazards.

   D. It is a violation of this policy and may be a crime to destroy, delete, alter, discard or otherwise make inaccessible any record or information relevant to an imminent or pending audit, investigation or litigation. Similarly, it is also a violation of this policy and may be a crime to knowingly alter, destroy, falsify any record,

document, or other information with the intent to impede, obstruct, or influence any audit, investigation, litigation, or other matter.

E. Violation of any aspect of this policy by a Parkland Workforce Member may result in corrective action in accordance with Parkland Office of Talent Management or other applicable policies and procedures up to and including termination; and/or termination of the subject relationship for Workforce Members who are not Parkland employees.

4. Governance:

A. Records Management Officer - The individual designated as Director of Records and Information Management for Parkland will be the Records Management Officer (RMO) as required by the Texas State Library and Archives Commission. Each successive holder of this position of Director shall file their name with TSLAC within thirty days of actual designation. The RMO administers Parkland's RIM program and oversees its implementation across Parkland Health & Hospital System.

5. Administration & Implementation:

A. Processes & Procedures

1) Parkland's RIM program provides guidance and oversight to ensure organizational compliance for the management and retention of Parkland's records and information. RIM provides an institutional framework to Parkland Departments to locally operationalize the management of records and information they create, use, or retain. Each Department and Workforce Member is responsible for compliance with the Records Retention Schedule as it relates to the records and information they create, use, or retain; RIM does not undertake this responsibility, but instead facilitates retention by the Departments and Workforce Members.

B. Records Classification & Records Retention Schedule

1) Parkland classifies records into specific types and categories by their function in the organization. Retention periods are assigned to records based on classification. The retention periods are based on legal requirements and business needs. It is incumbent upon al Workforce Members to follow

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retention periods concerning Parkland records and information. Disposition of Parkland records and information is based on the records retention schedule except in cases of an active Records Hold or a pending Public Information Act (open records) request.

2) Record and information types and categories along with their associated retention periods are based on local government retention schedules (a/k/a records control schedules) published by TSLAC and Parkland business needs, and other applicable laws and statutes for Parkland and for the Parkland Affiliates. Parkland maintains on file with TSLAC an attestation of adherence to Texas State retention schedules for Parkland Health & Hospital System, and provides any supporting material required. Retention periods may be updated as regulations and requirements change.

C. Format & Electronic Records

1) Content determines the classification of records and information, not the format on/in which the content resides. This policy, and associated processes and procedures for managing records and information, are not media or format dependent. Therefore, Parkland Workforce Members must manage all information, regardless of format, media, and/or technology dependence according to content.

2) Conversion of records from original format to another format, including but not limited to electronic format, is permissible. Workforce Members and departments shall consult with the RIM department concerning conversion projects to ensure they meet all applicable requirements, and processes are congruent with current best practices.

6. Records Holds:

A. A Records Hold (also known as a Legal Hold) requires immediate suspension of disposition for all records, information and/or other material identified in the hold notification. Workforce Members must follow instructions delineated in the notification and acknowledge receipt, as instructed, in a timely fashion. Records Holds protect Parkland in the event of active or reasonably anticipated litigation or other legal proceedings, audit, and/or investigation. Any Parkland Workforce Member who anticipates an audit, investigation or legal proceedings should

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contact Legal Affairs to discuss the matter so they can coordinate a Records Hold if appropriate.

B. A Records Hold takes precedence over any other records policies, procedures, and/or retention rules. It is a violation of policy and may be a crime to destroy, delete, alter, discard or otherwise make inaccessible or change any records, information, or other material that may be relevant to an imminent or pending audit, investigation or legal proceeding.

C. At the conclusion of the audit, investigation, or litigation Workforce Members will receive communication indicating their duty to preserve records and information under the hold has ended and the resumption of regular records retention rules.

EQUIPMENT:

N/A

DEFINITIONS:

Department Records Coordinator: Individual(s) familiar with records and workflows in their department, trained as "power users," and act as a point of contact with the RIM group for their department.

Disposition: Final action regarding a record or information at the end of its retention period and lifecycle; disposition is usually destruction of the record but may be returning to the record's creator for further action, long term remote archiving or other permissible action.

Electronic Record: An electronic record is a common term referring to content that is electronic in its format (rather than hardcopy, photographic, micrographic, etc.) and requires additional equipment (*i.e.* computer) to access.

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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Record and/or Information: Any content, regardless of format, created, used, received and/or retained by Parkland or any of its Workforce Members pursuant to law or in the transaction of public business.

Records Hold: Also known as Legal Hold. The suspension of disposition of information (usually destruction) due to an action requiring the use and/or production of records or information; once instituted, records and information cannot be destroyed or altered; most commonly for litigation purposes but can also be applied to investigations, audits, etc.

Records Lifecycle: The pattern of information usage within an organization; creation, active use, inactive retention, and disposition.

Records Management: The systematic and controlled governance of an organization's records and information, regardless of format, through the records lifecycle.

Records Management Officer (RMO): Individual responsible for the management and administration of Parkland's Records and Information Management program. Pursuant to Texas State Law, Parkland's current RMO must be on file with the Texas State Library and Archives Commission (TSLAC).

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. "Workforce member" also includes all physicians, other members of the medical staff, and non-physician clinical providers, whether or not employed by Parkland.

REFERENCES:

N/A

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IV. Executive Session

Tex. Health & Safety Code §§161.032 & 161.0315 and Tex. Occup. Code §160.007; Tex. Gov't Code §551.071

V. Possible Deliberation Regarding Documents Received by the Committee

V (A). Fiscal Year Quarter One (FQ Y1) and Year-to-Date (YTD) Compliance Department Reports:

i. *Sanction Screening Results*
ii. *Conflicts of Interest Program Activities and Dashboard*
iii. *Education and Training Activities*
iv. *Auditing and Monitoring Activities Dashboard*
v. *Investigations Unit Dashboard with Description of Industry Benchmark Categories*
vi. *Work Plan, Departmental Goals and/or Objectives Dashboard*
vii. *Key Performance Indicators*

VI. Action Item

VI (A). The Board may take action on any agenda item above.

VII. Closing Remarks

Parkland

VIII. Adjourn

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